MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, Item #ld Film #G390 PRESTON STREET, BALTIMORE, MARYLAND 21201

cocno

08033	CERTIFICATE	UP DEATH		00030
1. PLACE OF DEATH 0. COUNTY To I had		2. USUAL RESIDENCE (Where o	- F COUNTY	Residence before odmission)
o. COUNTY Talbox	MARYLAND	liarytar	rd.	Talbox
b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside o	orporate limits, write RURAL o	ind give nearest tawn)
St. Michaels (nural)	5½ years	St. Michael	els	201
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospi	tal, give street address)	d. STREET ADDRESS		e. IŚ RESIDENCE ON A FARM?
Rio Vista Nursing Hom	le	Rio Vista	Cove Road	YES NO 🔀
3. NAME OF First	Middle	Lost 4. D	T .	Doy Year
(Type or print) rights yeneva b		D	EATH d	une 21, 1967
S. SEX 6. COLOR OR RACE 7. MARK Female white widow		B. DATE OF BIRTH		UNDER I YEAR   IF UNDER 24 HRS
	VED & DIVORCED	1/13/1886	O7 yrs.	
	b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & Stote	, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life, even if retired)		Baltimore		USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	A 111:: a	.4.
August Peterson			Anna Wisniew	SRL
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service)	240 22 221 1	NFORMANT		Michaels, Md
no	218-09-0741 M	rs. (. B. Gree	ne, Rio Vist	
18. CAUSE OF DEATH (Enter only one couse per lin PART I. DEATH WAS CAUSED BY:	e for (o), (b), and (c)	1 -1 -1 -1 -1 -1		ONSET AND DEATH
IMMEDIATE CAUSE (o)	occuer	a The	and	
Conditions, if ony, which gave	The sell	. T	· dias	2
rise to immediate couse (a)	ruce for	util Co	1	1
stating the underlying couse   DUE TO	Cerch	1 11/10 8	d	
	INC TO DEACH BUT NOT BELATED TO	THE TERMINENT DISEASE CONDITION	CIVEN IN DADT 1(a)	19. WAS AUTOPSY
PART II. OTHER SIGNAL CONDITIONS CONTRIBUT	O - V LONG BUT NOT KELATED TO	THE TERMINAL DISEASE CONDITION	OIVEN IN PART I(0)	PERFORMED?
S 200 ACCIDENT WAS UNDERSTOOM TO	P DESCRIBE HOW INTRODUCTIONED	(Fotor polyto of joins in Part	or Part II of from 10 )	YES NO X
OR CONTRIBUTING CAUSE OF DEATH	b. DESCRIBE HOW INJURY OCCURRED.	fermen monute on military of Port 1	or rott it ornem 18,1	
	Od. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form,	20f. (City or town)	(County) (Stote)
Hour o.m.	While Not While fact	ory, street, office bldg., etc.)	zor. (crry or rown)	(contral) (21016)
p.m. 17   0	twork U of work U	1960	16-21	10/2/10/10/10
21. I certify that (I) (this haspital) at		t death accurred at 2.4	M from causes and	, 1962, that (I) (we) la an the date stated above
saw the deceased alive an 22 22 SIGNATURE	r 17 42 C, und ind	death accorded of		22b. DATE SIGNED
Juna / man	elen M	D. PHYS. MED.	STAFF D	6-23-17
22c. PHYSICHAN'S		22d. ADDRESS	100	1000
NAME (Type) wy M	reset h	1 July	chaes	Ma
23o. BURIAL CREMATION, 23b DATE THEREOF	23c. NAME OF CEMETERY/OR	CREMATORY 23	d. LOCATION (City or Town)	(County) (Stote)
REMBURTAL 6/23/ 1969	7 Woodlawn Man	porial Park	Caston, Md.	
24. FUNERAL DIRECTOR C ANCHURED AND C	_ ADDRESS			BAR'S SIGNATURE
MAURICE E. NEUNAM & S	OV, Easton, Md.	DATE	27 1967 80	liarles Judge.

within 24 hours after death TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of tilled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove action papers. Pages a should be filed with the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs affer appara executed TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67

COLOR DOLLAR

160 Sin 1603 CT 153200

. 1 (50) (50)

a diam

man primal at 4. At

while the Areas became and

the feet of the land and the training of

A 33 . 12

0 y v v v

The and the co. . so the course

301 , 15 May

Jane Maria de la Julia de Maria.

## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

(M)			08700	CERT	IFICATE OF	DEATH		08698
fundament deort			PLACE OF DEATH D. COUNTY TORRIBOT			STATE	deceosed lived, if institution: b. COUNTY	Residence before admission)
hours after to by the fus. Pages 1-2.			o. CITY OR TOWN (If outside corporate write RURAL and give nearest town	13 day	s E	ast No	proporote limits, write RURAL  200 MAI	Ket 09.2
ed within 24 ho oletely filled in I carbon popers. ent, withig 72 ho	78		Memorial	(If not in hospital, give street address)  He Sp. Tal	d. ST	REET ADDRESS		e IS RESIDENCE ON A FARM? YES NO
ecuted within 24 completely filled ove carbon pope y event, within 7	I	)	NAME OF DECEASED Mrs. A	First Catherin	e Bra		EATH 6	Doy Year 1967
execute and comp remove o		5.	FW	7. MARRIED NEVER MAR WIDOWED DIVO		OF 81819 14/1892		UNDER 1 YEAR IF UNDER 24 HRS. onths Days Hours Min.
icate be exersician and coplease remo		10o duri	USUAL OCCUPATION (Give kind of working most of working life, even if refired)	done 10b. KIND OF BUSINESS O	R 11. B	IRTHPLACE (County & State	, or foreign country)	12. CITIZEN OF WHAT
physic physic nen ple tovol, c		13.	ENSTHER'S NAME	Insen	14.	NOTHER'S MAIDEN NAME	e Neil	sen
that the death certificate be executed within 24 hours aftion.  No.  The ottending physician and completely filled in by the ansit permit. Then please remove carbon popers. Page: remotion, or removol, and in any event, within 72 hours af			WAS DECEASED EVER IN U.S. ARMED FOR s, no, or unknown) (If yes give wor or d	CES? 16. SOCIAL SECURITY N	O. 17 INFORM	ANT 4. 15	Hadley and	it lew Merket
that the d an. by the attr rransit perr			18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE C	e couse per line for (o), (b), and (c).)  AUSE (o) Chaleupte	les with	e septu	emik	INTERVAL BETWEEN ONSET AND DEATH
w requires and physicial physicial physicial central signed I the burial-truth burial, curto burial,			Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO (b)		0		
The land attended to the second of the prior	2	CATION		ONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TER	0	GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
SICIAN spitol certification for for the for		CERTIFI	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJUR	OCCURRED. (Enter n		or Port II of item 18.)	
IG PHYSIC the hospi or this certi detoched ote Dept. o		MEDICAL	20c. TIME OF INJURY Month, Doy, You Hour o.m.	19 ot work of work	foctory, stre	29/67	20f. (City or town)	(County) (Stote)
TENDIN ned by R: Afte wild be the Sto			21. I certify that (1) (this saw the deceased alive a	haspital) attended the deceas n_6 - 10 1967	ed fram	1/67 , 19	ta 6-11	, 196 /, that (1) (we) last I an the date stated abave.
be retained blackers.  OIRECTOR: ge 3 should led with the			220. SIGNATURE	8. Carney	M.D. AT	TENDING MED.	TOR STAFF PHYS.	22b. DATE SIGNED 6-11-67
	1			en P. Carney		taston, Ma	ryland	6/11/67
TO HOSPITAL Page 4 may TO FUNERAL director, pa		23	REMOVAL Specific	THEREOF 7 23c. PLAME OF	CEMETERY OR EREMAT	se la	d. 1001110 (City or Town)	(County) S (State)
VR A15 (4) 25M 1/67	2	24	FUNERAL PIREGION Stilling	ally Earl New	merket &	DATE 250 REC'D TY B	1967 POPUL	TRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS. **BALTIMORE, MARYLAND 21201** 

00101	CERTIFICATE	OF DEATH		TOTE
1. PLACE OF DEATH				ion: Residence before odmission)
O. COUNTY TA/BOT	MARYLAND	o. STATE Marv	land b. COU	Caroline
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate limits, write RUF	RAL and give nearest town)
EASTO h	45 hrs.	Fede:	ralsburg	05.2
d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital,	give street oddress)	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?
Memorias Hosy	DITAL	R.F.	D. # 1- Box 27	77 YES NO
3. NAME OF DECEASED (Type or print) Curtish Aby	mesBov (	ANNON	4. DATE Mont OF C	m 15
S. SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED X	B. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24 HR
Male Negro WIDOWED	DIVORCED	June 6, 196	67 rosi dirindoy)	Months Soys Hours Min.
10o, USUAL OCCUPATION (Give kind of work done 10b. K	CIND OF BUSINESS OR	1). BIRTHPLACE (County 8	Stote, or foreign country)	12. CITIZEN OF WHAT COUNTRY?
during most of working life even if retired)	ואונטעוי	Easton, N	laryland	U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
Jerome Sample		Dianne	e Cannon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service)		INFORMANT	Addre	
	Infant Je	rome Sample	, Federalsburg	g, Md.
18. CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY:	(a) (b), and (c).)	0 109	00.	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o)	Judarac	h nord 2	recover su	relies
760,5 DUE TO	A ·		)' (	
Conditions, if ony, which gave ) (b)	MANOXIC			
stoting the underlying couse DUE IO		1.1		
last. (c)	1 re-a	unly		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEAS® CON	DITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	ESCRIBE HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor Hour's m. 19 Of world will be a control of the control of t	Not While of work	CE OF INJURY (Home, farm, ory, street, affice bldg., etc.)		(County) (Stote)
21. I certify that (I) (this haspital) atten-	ded the deceased fram_	t death accurred at_	67 to	, 19, that (I) (we) la
saw the decepted alive an	19, and tha	t death accurred at_	3 M, fram causes	and an the date stated above
220. SIGNATURE. U. C. A. A.	uttill MI	ATTENDING	MED. STAFF DIRECTOR PHYS.	22b. DATE STGNED
22c. PHYSICIAN'S NAME (Type) William A. Ha	atfield M.	D. Easton,	Maryland	6/12/67
230. BURIAL (REMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY OR		23d. LOCATION (City or To	
REMOVAL (Specify) July 13,1967			Rhodesdale,	Md., RFD
24. SUNERAL DIRECTOR Frank June 1	woordsburg 7	DATE 250. RES'D	IL TESTERAR 1967Sb. RE	GISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death.

Page 4 moy be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

TO FUNERAL DIRECTOR: After this cerificate hos been signed by the attending physicion and completely filled in by a director, page 3 should be detached for use as the busiol-transit permit. Then please remove corban pagers. Per should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event within 18 diagram.

NAME OF TAXABLE PARTY.

200

18.11

2/-

Miss

Jul

## MARYLAND STATE DEPARTMENT OF HEALTH **DIVISION OF VITAL RECORDS, 301**

W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	1.		
-	AD	1	
1	H.R	7	AA
- 1	713		784

	08702	MEDICAL EXAMINER'S	S CERTIFICATE OF DEATH	08700
	PLACE OF DEATH O. COUNTY  1 4 6 6 7	MARYLAND	2. USUAL RESIDENCE (Where deceased lived, if institution of STATE AD -	
	b. CITY OR TOWN (If outside corporate limit write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside carparate limits, write RU	IRAL and give neorest tawn)
	d. NAME OF HOSPITAL OR INSTITUTION (HIN Metrovial		d. STREET ADDRESS	e. IS RESIDENCE ON A FARM? YES NO
	NAME OF	irst H. Middle	last 4. DATE Mon	10 Doy Year 1967
5. 	ENAL NEGRO	7. MARRIED NEVER MARRIED   DIVORCED	8. BATE OF BIRTH 9 - 12 - 1929 9 AGE (In years lost birthday) 7 - 13 - 1929 9 Trs.	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
duri	USUAL OCCUPATION (Give kind of work done ing most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)  MD.	12. CITIZEN OF WHAT COUNTRY 2
	CHAALES  WAS DECEASED EVER IN U.S. ARMED FORCES	HAN 5/1/25	14. MOTHER'S MAIDEN NAME 13.05/E ELLA INFORMANT Addr	WARRICK
(Ye	s, no, or unknown) {(If yes give wor or dotes	of service) 9 18-9 4-543/	William CoppE19	- EASTON, MO
	1B. CAUSE OF DEATH (Enter only one co PART I, DEATH WAS CAUSED BY IMMEDIATE CAUSE	SHOCK		ONSET AND DEATH
	Conditions, if any, which gove	(b) ACUTE GENERALI	ZED PERITONITIS POST	
	stating the underlying cause last.	(c)	HYSTERECTOMY	
ATION	PART II. OTHER SIGNIFICANT CONDITIONS		THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED? YES NO **
CERTIFICATION	20o. EXTERNAL CAUSE WAS PRIMARY ☐ OF CONTRIBUTING ☐ CAUSE OF DEATH.	20b. DESCRIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor Hour o.m. p.m. 19		LACE OF INJURY (Home, form, octory, street, office bfdg., etc.)	(County) (Stote)
	,	e of the remains described abave, la causes X, Accident , Su	vicide, Hamicide, Undetermined m	uiry 🗶 , and in my opinion nanner 🗌
	ACTUAL Zeurs	1) Nelty	CHIEF MEDICAL EXAMINER   M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
	EXAMINER'S NAME (Type) LOUI	S S.WELTY	F O PEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	6-20-67
230	BURIAL, CREMATION, 23b. DATE THE REMOVAL (Specify) 4 6 6 3 3		R CREMATORY 23d LOCATION (City of To	own) (County) (Stote)  TALBOT (ALL)

DAShiELL-EASTONMIZ

VR A15MII (5) 6M 1/67

5 may be retained for your files.

Wealth prior to burial, cramation, or remayal, and in any event within 72 hours offer death.

7

the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 liquis ofter death. If

YEAR . TO.

T IN TRANSPORTED BUILDINGS THE

MARYLAI	ID STATE DEPARTMENT	OF HEALTH	
DIVISION OF VITAL RECORDS	301 W. PRESTON STREET,	BALTIMORE, MARYLAND	2120

08701

REGISTRAR'S SIGNATURE

25b.

1967

2Sa. REC'D BY REGISTRAR

DATE JUN 2 3

	08703	CERTIFICATE	OF DEATH		08701
	o. COUNTY 1A/bot	MARYLAND	2. USUAL RESIDENCE (Where deceded o. STATE	b. COUNTY	EN KNAE
	b. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest town)	c. LENGTH OF STAY IN 16 16 days	C. CITY OR TOWN (If outside corpor	ote limits, write RURAL and give	VILLE
	d. NAME OF HOSPITAL OR INSTITUTION (II not in ho	spitol, give street oddress)	d. street address	17.	e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print) Richard	Middle	Deaton d. DATE OF DEATH		20 1967
S.	000/0	ARRIED NEVER MARRIED 8.	11-29-86	9. AGE (Un years IF UNDER lost birthday) Months yrs.	Doys Hours Min.
dur	USUAL OCCUPATION (Give kind of work done ing mast at warking life even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11.8 IRTHPLACE (County & Stote, or for	reign country) M P 12. CI	TIZEN OF WHAT
13.	Philip	DEATON	MARTH	+ BLA	TE
IS. (Ye	. WAS DECERSED EVER IN U.S. ARMED ORCES? es, na, ar unknown) ((If yes give war ar dates af servic		Philip	H-DEATON	ENTBELIL
	IB. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	lime for (a), (b) and (c).)	or phaga		INTERVAL BETWEEN ONSET AND DEATH
	Conditions, if ony, which gove tise to immediate couse (a),		10		
	stoting the underlying couse   DUE TO     lost.   (c)				
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED. (I	Enter nature of injury in Port I or Pa		
MEDICAL	20c. TIME OF INJURY Manth, Doy, Year Hour 'o.m. 19		E OF INJURY (Hame, farm, rry, street, office bldg., etc.)	(City ar town) (Ca	unty) (Stote)
	21. I certify that (1) (this hospital) saw the deceased alive of			to, 19_ W, fram couses and an t	, that (I) (we) last he date stated above.
	220. SIGNATURE CELLIFICATION	LILL M.D.		STAFF 22b. D.	ATE SIGNED - GA
	22c. PHYSICIAN'S NAME (Type) F.C. H	Schmidt	22d. ADDRESS	n May	hude
230	23b. DATE THEREOF	23c. NAME OF CEMETERY OR C		OCATION (City or Tawn)	(County) = (State)

ADDRESS

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. at Health prior to burial, crematian, ar removal, and in any event, within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital ar attending physician.

event, wi

directar, page 3 should be detached far use as the burial-transit permit. Then please reme shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any VR A15 (4) 25M 1/67

24 FUNERAL DIRECTOR

Max A AVD CHERNARY 

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician. furera TO FULLRAL DIRECTOR: After this certificate has been signed by the attending physician and completely wheel in by the director, page 3 should be detached for use as the burial-transit mermit. Them please remayer carbon papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
OSTOLOGY
OS

U	0103	OEKIII IOAT	E OI DEATH		UD & US
I. PLAC	E DF DEATH		2. USUAL RESIDENCE (W	here deceased lived, If Institution:	Residence before admission)
a. co	TALBOT	MARYLAND	8. STATE MARI	VLAND b. COUNTY 7	ALBOT
b. CI	TY OR TOWN (it outside corporate limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outsi	de corporate limits, write RURA	L and give nearest town)
W	rite RURAL and give nearest town)	35 hrs.	RURAL	- EASTON	: 1
d. NA	AME OF HOSPITAL OR INSTITUTION (If not in I		d. STREET ADDRESS		6. IS RESIDENCE
	Memorial Hos	epital.	Rr		YES NO
	ASEO // /	Middie	D Last 4.	DATE Month	Day Year
5. SEX	6. COLOR OR RACE 7 MADDIES	Delle	B. DATE OF BIRTH	19. AGE (In years   IF UNDER	19 6 /
-	A. A.	A HEVER HIMMITTED	DR 4 1917	last birthday) Months	Days Hours Min.
10a. USU		DIVORCED DIVORCED N	11. BIRTHPLACE (County	& State, er fereign country)   12, 0	ITIZEN OF WHAT
during mo	ost of working life, even If retired)	INDUSTRY	CAPALINE C	MADYL DATE	OUNTRY
13. FAT	DUSEWIFE HER'S NAME		14. MOTHER'S MAIDEN N	AME AME	0371
G	FORGE LANE		HATTIE D	AFFIN	
15. WAS	DECEASED EVER IN U.S. ARMED FORCES?   16.	. SOCIAL SECURITY NO.   17.	INFORMANT	Address	
( , , , , , , ,	the state of the s	5-16-8343 W	LLIAM H. DUKI	ES. EASTON, M	ARVLAND
18.	CAUSE OF DEATH [Enter only one cause per	life for (a), (b), and (c).]	017	00	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	yourdel ,	morella	, securt 1	ONSET AND DEATH
14	201 DUE TO 1	1 01			
	litions, If any, which ) (b)		<i>A</i> '		
1 -	rise to immediate DUE TO	N	acales des		
unde	rlying cause last. (c)	growing	occuración		
PART	II. OTHER SIGNIFICANT CONDITIONS CONTRIB	UTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEA	SECONDITION GIVEN IN PART 1(2)	19. WAS AUTOPSY PERFORMED?
ICA.					YES DO NO
PART 20a. OR C	ACCIDENT WAS UNDERLYING   20b. ONTRIBUTING   CAUSE OF DEATH ITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED. (Enter nature of in)u	ry In Part I or Part II of Item 18	3.)
		INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm,	20f. (City or town) (Co	unty) (State)
WEDICAL 20c.	Hour a.m. While p.m. 19 at wor	NOT WITE	ry, street, office bldg., etc.)		
	p.m. 19 tat wor 1. I certify that (I) (this hospital) attend		10	to 10	that (I) (we) last
	w the deceased alive on A		death occurred at 3	M, from the causes and on	
	SIGNATURE OF DATE	V and that	dedar socorres de S		DATE SIGNED
	certer	M.D	ATTENDING MED.	TOR PHYS.	-3-60
22c.	PHYSICIAN'S NAME (Type) E-C-H-S	chmist	22d. ADDIES	ar -Mond	med
23a, BU	RIAL CREMATION, 23b. DATE THEREOF	23c. NAME OF CEMETERY	OR CREMATORY 1 2	3d. LOCATION (City, Town or co	ounty) (State)
- INE	MOVAL (Specify) JUNE 5, 1967	- 1 4 2 /4	MCRIALYARK	EASTON MA	RYLAND
	IERAL DIRECTOR	ADDRESS		Y REGISTRAR   25b. REGISTRAF	S SIGNATURE
How	mission & Minney	St. Minh	La parte	1007 001	e. 0
1 1 1 1			- HILL THE		7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1

VR A15 (4) 20M 1/65



## MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

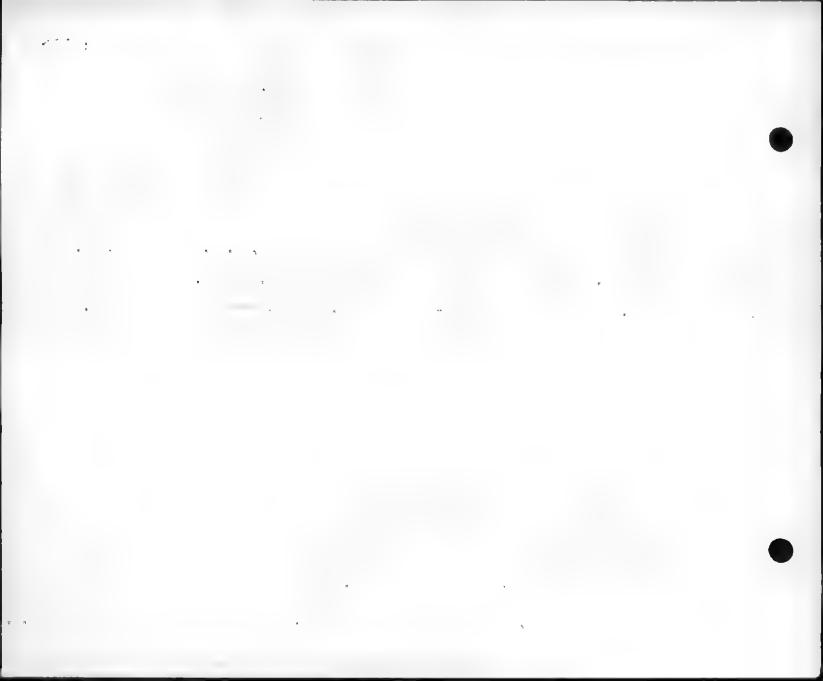
60709

1		08705	CERTIFICATE	OF DEATH		60109
		PLACE OF DEATH			e deceosed lived, if institution. Res	sidence before admission)
	C	O. COUNTY TAILOUT	MARYLAND	o. STATE Md.	b. COUNTY	ueen Anne's
	į	CITY OR TOWN (If autside corporate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If autside	corporate limits, write RURAL and	give necrest town)
		write RURAL amogive nearest town)	19 days	Barclay		( )
,	C	d. NAME OF HOSPITAL OR INSTITUTION (If not in he		d STREET ADDRESS	,	e IS RES DENCE ON A FARM?
		Memorial H	ospilal			YES NOTE
		NAME OF DECEASED	Middle		DATE Month	Doy Year
Н	5 5	(Type or print)  SEX 6. COLOR OR RACE 7. Mi	Henry	DATE OF BIRTH	P AGE (III keors   IF UN	IDER 1 YEAR THE JNDER 24 MRS
7.			ARRIED NEVER MARRIED   8  DOWED DIVORCED	3-29-04	(ost pytholog) Mant	
	1Do	USUAL OCCUPATION (Give kind of work done	TOB. KIND OF BUSINESS OR	11 BIRTHPLACE (County & Sto		2 CITIZEN OF WHAT
	dum	ing most of working life, even if retired)  Labor	Construction	Patterson, N	. J. U	COUNTRY?
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
į	J	Tacob H. Earle		Carrie L. Sr	oder.	
	15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17. II	NFORMANT	Address	
	(76:	s, no, or unknown) (If yes give wor or dotes of service	(e) 706-14-5162 Mrs	.Lydia A. Ear	le, Barclay,	Md. 21607
		18. CAUSE OF DEATH (Enter only one couse per	line for (o), (b), and (c).)	•		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	Hodgkins	disasse	1	2 ONSET AND DEATH
		201X DUE TO	0			marian
		Conditions, if any, which gove (b)				
		rise to immediate cause (a), Stating the underlying cause DUE TO				
		last. (c)				
	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?
	CATION					YES NO
	CERTIF	20a ACC DENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Port	or Part (Lof Item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Doy, Year		CE OF INJURY (Home, farm,	20f (City or fown)	(County) (State)
	MED	Hour o.m.	While Not While of work of work	ary, street, office bldg., etc.)		
				, 19	ta	19, that (I) (we) last
		21. I certify that (1) (this haspital) saw the deceased alive an	19, and that	death accurred at 7	M, from causes and a	in the date stated above.
		22a. SIGNATURE		ATTENDING X, MED	221	6919787
		Robert W.T	never mo	D. PHYS. DIRE	CTOR PHYS	-/-//-/
1		22c. PHYSICIAN'S NAME (Type) Robert W. T	rever M.1	D. Easton, I	laryland	
	230	BUR AL CREMATION. 236 DATE THEREOF	23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
		June, 22, 19			Hawthorne	N.J.
	24	FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY	REGISTRAR 25b REGISTRA	R S SIGNATURE
	6	duand Tellows >	mullington)	1)d DATELLIAL S	2 1007 Ocho	ween Juster
1	-30		- Jest July	THU T	2 to 1001 - 1	00

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remayer carbon papers. Pages 1 and should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.

Page 4 may be retained by the haspital or attending physician.



	1		
		À	-:
1	LINE	S and	y event, within 72 haurs after death
g physician.	dand; campletely filled in by the I	rs. Page	haurs a
	ly filled	remove carban papers.	within 72
	camplete	ove carb	/ event,
5	pundo	(D)	# an
	g physica	Then pleds	noval,
	signed by the attending ph	t permit. 1	burial, crematian, or removal, and
an.	by the	urial-transit p	cremati
g physic	n signed	burial-	burial,

	DIAIZIOM OF A	HAL RECORDS, 301 W. PRESTOI	A SIKEEL, BALIIMUI	RE, MAKILANU ZIZUI	
	08706	CERTIFICATE	OF DEATH		08704
	PLACE OF DEATH			here deceased lived, if institution	Residence before admission)
	o. COUNTY Talbyt	MARYLAND	o. STATE	b. COUNTY	Caraline
	b. CITY OR TOWN (If outside corporate limits,	c. LENGTH OF STAY, IN 16	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL	
	write RURAL and give nearest town)	27 days	Rural M	arydel	0.2
	d. NAME OF HOSPITAL OR INSTITUTION (If not in he	The same of	d. STREET ADDRESS	44.47	e IS RESIDENCE ON A FARM?
	Memorial th	cispital		None	YES NO.
	NAME OF DECEASED (Type or print)	Wesley Ex	lost	4 DATE Month OF DEATH	Doy Year 67
5	SEX 6 COLOR OR RACE 7 M	ARRIED NEVER MARRIED 3 8	DATE OF BIRTH		FUNDER 1 YEAR IF UNDER 24 HRS
]	Male Cel. w	DOWED DIVORCED 7	<b>'-10-1</b> 930	Jost birthdoy) A	Aonths Doys Hours Min
	us JAL OCCUPATION (Give kind of work dane ing most of working Life, even if retired)	106 KIND OF BUSINESS OR MOUSTRY	11 BIRTHPLACE (County & Marylan		12 CITIZEN OF WHAT COUNTRY?
13	FATHER S NAME		14 MOTHER'S MAIDEN NA		7.7.1.2
	Jehn Evans		Lyd	ia Fountain	R.
15.	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17 IN	IFORMANT	Address	
110	(If yes give wor or dotes of servi	None He	elen Danie	ls Phila.	Pa.
	18. CAUSE OF DEATH (Enter only one cause per	line for (o), (b), and (c).)			ONSET AND DEALHO
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o)	I now trois			SHISET AND DEALED
	1531 DUE TO	n 1			7
	Conditions, if any, which gove (b)	Chromono	is.		
	stating the underlying couse	0. 7	70-	-000.	5
	lost (c)	Cortexona of	Monast Com	Pr Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-Co-C	19 WAS AUTOPSY
ATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB	SOTING TO DEATH BUT NOT RELATED TO IT	IE IEKWINAL DIZEAZE CONF	DITION GIATU IN LAKE I(0)	PERFORMED? YES NO X
MEDICAL CERTIFICATION	200 ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	206 DESCRIBE HOW INJURY OCCURRED (	Enter noture of injury in Po	ort Lar Part 11 of item 18)	
MEDICA	20c. TIME OF INJURY Month, Doy, Year Hour o.m. p.m. 19		E OF INJURY (Home, form, ry, street, affice bldg., etc.)	20f (City or town)	(County) (State)
	21 I certify that (I) (this has pital)	attended the deceased fram	- <del> </del>	62, to 6/10	_, 19🏠 that (I) (🗪 last
	saw the deceased alive on	6/9 196/, and that	death accurred at_	M, fram couses an	d an the date stated above.

TO FUNERAL DIRECTOR: After this certificate has lieer directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar to

Page 4 may

3 shauld be detached

TO HOSPITAL OR ATTENDING PHYSICIAN: The low

be retained by the haspital ar attendin

23b. DATE THEREOF 6-17-67

Ambler

22o. SIGNATURE

22c. PHYSICIAN'S NAME (Type)

230 BURIAL, CREMATION, REMOVAL (Specify)

24. FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Mt. Zien

M.D

22d ADDRESS

23d LOCATION (City or Town)

STAFF PHYS

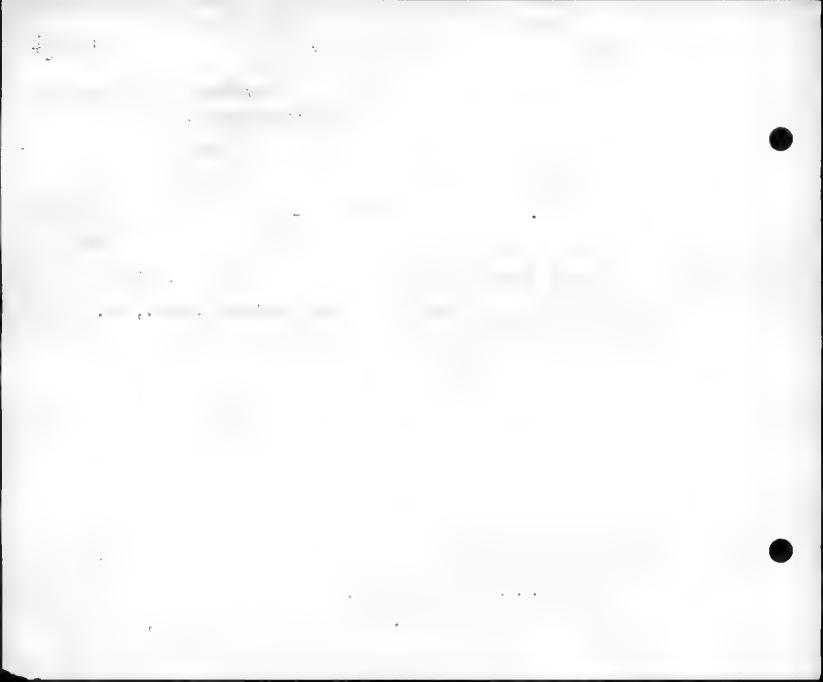
(County)

(Stote)

22b DATE SIGNED

Marydel
250. REC'D BY REGISTRAR 255 1967

MED. DIRECTOR



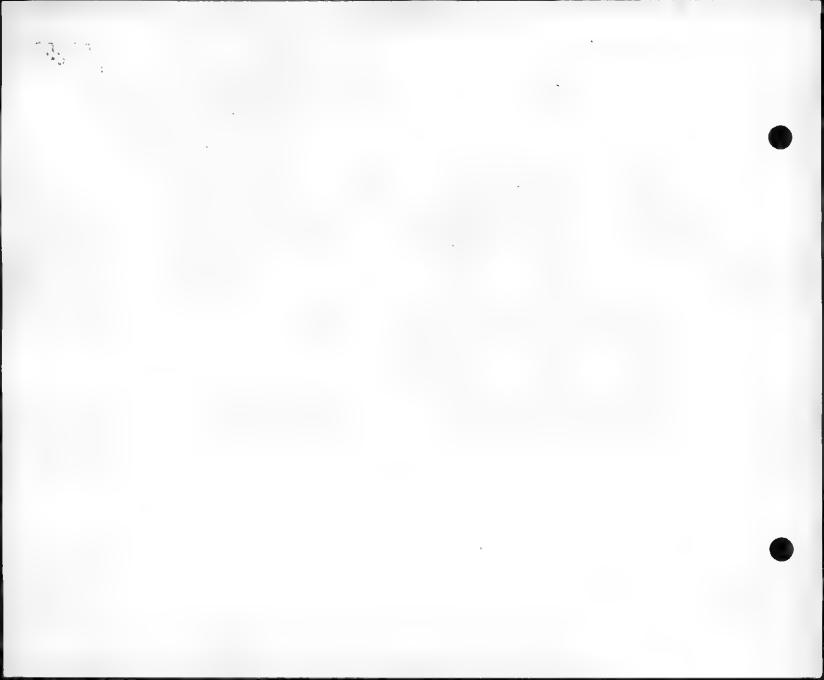
|--|

,		
9		
Ų.		
5		
2		
2		
7		
=	7	5
=	8	-
\$		
	-	
k		9
3		j
=		
2		
ä		
ē		
é		
5		
=		
2		
prior to seems tremprior		
20		
-d		
2		
2		
2		
2		
5		
		1
ם ב		8
=		
0		
5		
2		
2		
n		
Þ		
=		
2		
=		
E		,
2	1	f
9	1	1
<u>-</u>	1	- Change
11	3	

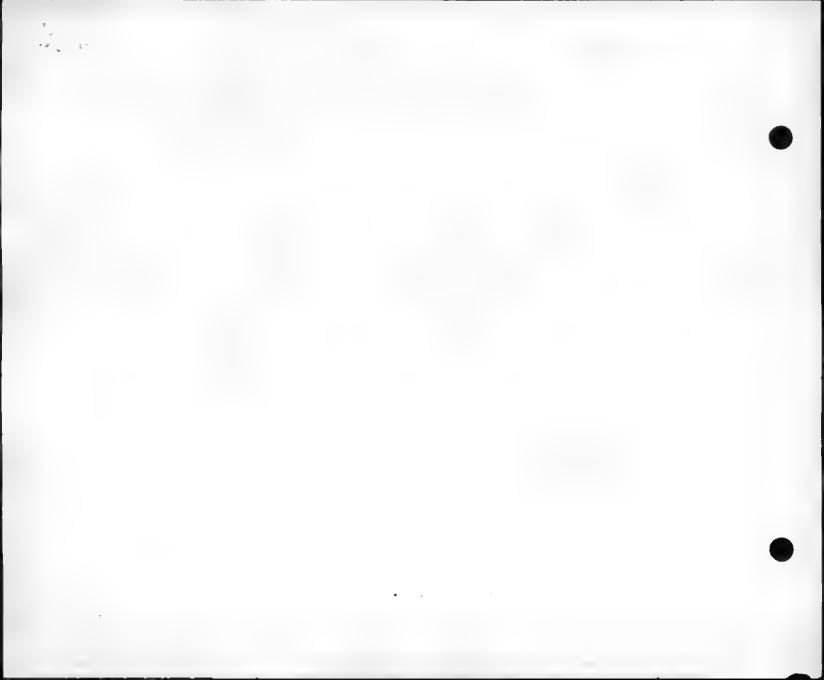
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages should be filed with the Kerte Deat of Health print in burial transition arremoved and indiany seems within 77 hours of the contraction are removed. Pag≡ 4 may b≡ retained by th≡ haspital or attending physician. VR A15 (4) 25M 1/67

TO HOLFITAL DE ATTEMBING PRYSICIAN: The law majures that the death certificate be executed within 24 haurs after death.

	00401	CERTIFICATE	OF DEATH		08705
	PLACE OF DEATH				Residence before admission
	Talbit	MARYLAND	a. STATE MARYL	ANO WIC	Smico
	b. CITY OR TOWN (If outside corporate limits, write RURAL-and give penest town)	C LENGTH OF STAY IN 16	c CITY OR TOWN (If oy side c	orporota limits, write RURAL	
_	Zastin	5 Varys	SALIST	vry	, 2
	d NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	give street oddress)	d. STREET ADDRESS	all nel	e IS RESIDENCE ON A FARM?
	Memorial -1105	del	835 E,	CHURCH	YES NO D
	NAME OF DECEASED (Type or print)  EVEL 19	Middle	Ford. 4. D	)F	Doy Year
_	SEX 6. COLOR OR RACE 7, MARRIED		B_DATE OF BIRTH	9 AGE (In years	FUNDER I YEAR   IF JINDER 24 HRS
N	TALE White WIDOWED	DIVORCED	6/11/1895	lost buthday) /	Months Doys Hours Min,
0o		ND OF BUSINESS OR DUSTRY	11 BIRTHPLACE (County & State	or foreign country)	12 CITIZEN OF WHAT
Κı	eTAIL SALES. RET. GI	ROCER	IMARY JANO,	TALBOY	10,5,n.
13.	FATHER'S NAME		14 MOTHER & MAIDEN NAME.	PORTER	
ĮS		SOCIAL SECURITY NO 17 H	NFORMANT	306 5 digitals	VASh St.
(Ye	s, no, or unknown) (If yes give wor or dates of service)	MR	SELLACOLLIN	IS EASTOR	V, mo.
	CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY	V.	. 17.0		INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	761170177010	515		OIGE) AND DEATH
	Conditions if any which mayo	SCHOCHOL	of pros	7×40	
	nise to immediate couse (o),	5.67.707.70	01- pro7	10.1	
	storing the underlying couse (c)				
ž	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
S					YES NO
CEKIIF	200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRED. (	Enter noture of injury in Port I	or Port II of item 18.)	
MEUICA	20c. TIME OF INJURY Month, Doy, Year Hour o.m. 20d if While of world	Not While focto	E OF INJURY (Home, form, ory, street, office bldg , etc.)	20f (City or town)	(County) (State)
		ded the deceosed from	. 19		, 19, that (I) (we) las
	sow the deceased the GATO 109 14	, and that	death occurred at	M, fram causes an	nd on the date stated above
	220. SIGNATURE	med M.D	ATTENDING MED	OR STAFF	19 June 67
	22c. PHYSICIAN'S NAME (Type) E. A. H	Sn. Jamiett	22d 49000 1	m	alu I.
230	DUDIAL CREMATION 225 DATE THEREOF	Table Marie of Control of	опитору То	A LOCATION (CAMPATAL	) (C
1	BURIAL, CREMATION, 23b. DATE THEREOF 6-21-1967	WIC Mem.	PARK	SALISOURY	Wic, MC,
24	FUNERAL DIRECTOR	ADDRESS	25o. REC D BY R	0 4 40 40 04	STRAR'S SIGNATURE
	HILLUNERAL HOME	JALISOUR	4 MO DATE JUN	21 1967 2	Charles Judge



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 08708 requires that the death certificate be executed within 24 haurs after death. . PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN ( f outside corporate limits, E. LENGTH OF STAY IN 16 write-RURAL and give nearest town) S RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street address) NO J NAME OF Middle 4. DATE Manth Setely correct Last DECEASED (Type or print) ĎĚATH SEX 6 COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF LINDER 24 FIRS 7 MARRIED NEVER MARRIED and in any ev last birthday) Months WIDOWED DIVORCED 10b, KIND OF BUSINESS OR .2 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY 13. FATHER'S NAME burial, cremation, ar remaval, 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT (Yes, na, ar unknown). (If yes give war ar dates af service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY-ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise ta immediate cause (a), DUE TO stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS'
PERFORMED? has NO ATTENDING PHYSICIAN: 20g ACCIDENT WAS UNDERLYING 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 2Ge PLACE OF NJURY (Hame, farm, (City or town) (County) (State) Haur a.m. factory, street, affice bldg, etc.) at wark at wark O FUNERAL DIRECTOR: After 21. I certify that (I) (this haspital) attended the deceased from and that death accurred at 944 M f , 19\_\_\_, that (!) (we) last saw the deceased alive an\_ AM, from couses and on the date stated above. 22a, SIGNATURE 22b. DATE SIGNED director, page 3 shauld be filed v DIRECTOR 22c. PHYSICIAN'S 22d, ADDRESS O HOSPITAL NAME (Type) Eastoh Maryland 23a BURIAL CREMATION (State) IVID. REC'D BY REGISTRAR 25b REGISTRAR'S



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF. filled in by the funeral n popers. Pages 1 and 2 (thin 72 hours after death.  $\sim$ 24 havrs after death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY b. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (II write RURA, and give nearest town) da filled in d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? e YES within NAME OF remove carbon Middle 4 DATE Doy First Last Manth Year completely DECEASED 0F event, (Type or pont) DEATH S. SEX 6 COLOR OR RACE AGE (In years IF JNDER 1 YEAR IF UNDER 7. MARRIED NEVER MARRIED B. lost birthday) Months Days Hours WIDOWED DIVORCED ond in ony ond LOG USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT [HPLACE (County & State, or fareign country) during mast at working life even if retired)

SEAFOCD DEAL

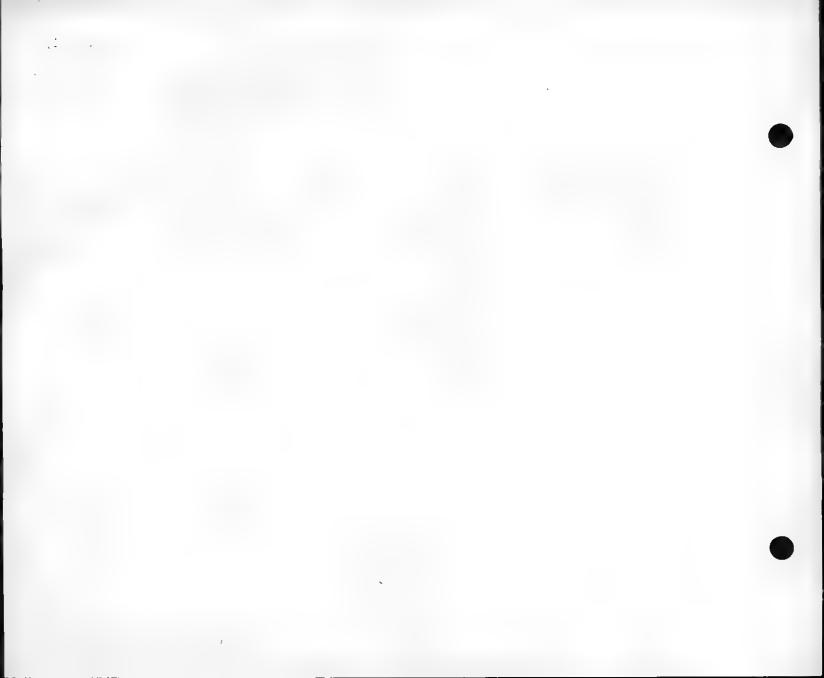
13 FATHER'S NAME physicion ( COUNTRY? requires that the death certificate signed by the ottending physi burial-tronsit permit. Then pl burial, crematian, or removal, INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCE 52 16 SOCIAL SECURITY NO. (Yes, no, orwak/fawn) (If yes give war ar dates af service MAYSIE J. CAUSE OF DEATH (Enter only one cause per line for (a). INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave nse to immediate couse (a), DUE TO has been s se as the t th prior to b stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO WAS AUTOPSY PERFORMED? THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) FICATION Health NO certificote OR ATTENDING PHYSICIAN: ģ 200 ACCIDENT WAS UNDERLYING 
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Item 1B.) State Dept. of detached this 20c. TIME OF INJURY Month, Doy, Year 20e, PLACE OF .NJ JRY (Home, farm, 20d INJURY OCCURRED (City or town) (Caunty) (State) Hour am. White Not While factory, street, affice bldg., etc.) After at work at wark I certify that (I) (this haspital) attended the deceased from be retained director, page 3 should should be filed with the TO FUNERAL DIRECTOR: and that death occurred at sow the deceased alive an M, fram causes and on the date stated above SIGNATURE **DATE SIGNED** 22b. ATTENDING STAFF M.D PHYS -DIRECTOR PHYS ADDRES TO PHYSICIANS 22d. O HOSPITAL NAME NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION, 23d. LOCATION (City or Town) (County) (State) JNERAL DIRECTOR **2**So. VR A15 [4] 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

2 ( dis.)		1871.0	CERTIFICATE	OF DEATH		08708
death		PLACE OF DEATH O. COUNTY			here deceased lived, if institution	
funeral funeral s I offict fer deaff		ralbot	MARYLAND	O STATE MAK	SLAND 6 COUNTY-	IALBUI
the age:		<ul> <li>LITY OR TOWN (If autside corporate limits write SLIRAL and give negrest tawn)</li> </ul>	c. LENGTH OF STAY IN 16		side carparate limits, write RURAL (	and give nearest town)
by P P P P P P P P P P P P P P P P P P P	_	E CSTON		d STREET ADDRESS	MICHAELS	e is residence
d ir		d. NAME OF HOSPITAL OR INSTITUTION (IF no	11 1- 1	g. SIKELL MODKESS	•	ON A FARM?
# # 2 Z	3	NAME OF FIN	st A Middle /	Last	4 DATE Month	Day Year
law requires that the death certificate be executed within 24 hours after nating physician.  been signed by the attending physician and campletely filled in by the further burial-transit permit. Then please remave carban papers. Pages I iar to burial, crematian, ar removal, and in any event, within 72 hours after		OFCEASED EUNICE	SMITH The	lead	OF DEATH	17 1967
umpl ve c	5	SEX 6. COLOR OR RACE	7 MARRIED NEVER MARRIED	B. DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS.
d camp		REMALE IV	WIDOWED DIVORCED	1/AR 4/19/	yrs yrs	
be ex n and re rem lin an	10c dur	USUAL OCCUPATION (Give kind of work doneing most of working life, even if retired)	106 KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County 8	Stote, or foreign country)	12 CITIZEN OF WHAT COUNTRY?
and and		ng most of working life, even if refired)  FATHER'S NAME	SEA FOOD	TALBET	OUNTY, MID	USA_
ertificate b physician nen please lovar, and i	13:	China	M	14. MOTHER'S MAIDEN TO	AME TO LOOK	/
e The	15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16. SOCIAL SECURITY NO 17. 1	NFORMANT	Address	<u>/</u>
that the death certificate be executed an.  by the attending physician and campte transit permit. Then please remave ca cremation, ar removar, and in any every		s, na, or wiknown) (If yes give war ar dates al		malinia >	Lelland St.	michaels and
t the at the at sit per		18. CAUSE OF DEATH (Enter only one cous		1.1		INTERVAL BETWEEN
is that the cian. I by the littransit it, cremal		PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	o) Masseve m	weerelleck	inferer	ONSET AND DEATH
es taxida sicial sed balletra		Conditions, if any, which gave 1	10 0	and live	ind	
equires physicic signed burial-t burial, c		rise to immediate cause (a),	(b)	occur	10 C	
nding been s the iar to		storing the underlying couse	(4)			
the law ratending has been se as the hpriar to	_		ONTRIBUTING TO DEATH BUT NOT RELATED TO T	THE TERMINAL DISEASE CON	DIT ON G VEN IN PART 1(a)	19 WAS AUTOPSY
長点点 8年	CERTIFICATION	Links (				PERFORMED? YES NO
	THE	200 ACC DENT WAS UNDERLYING	20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in P	art I or Part I of Item 1B)	
rSIC ospit certifiched hed	193	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
PHYS ne hos this ce etache Dept.	MEDICAL	20c TIME OF INJURY Month, Day, Year Haur a.m.		CE OF INJURY (Home, farmary, street, office bldg., etc.)	20f (City or town)	(County) (State)
by the free free department of the period of the period of the period of the free free free free free free free fr	×	p.m, 19	at wark 🔲 at wark 🔲			
		saw the deceased alive one	oital) attended the deceased from	death accurred at \$\frac{19}{2}.	/== // · · · · · · · · · · · · · · · · ·	., 19, that (I) (we) last an the date stated above
R ATTI retain RECTOR 3 shau with t		22g SIGNATURE	, did in di			22b. DATESIGNED
00 24 00 "		- CUS	eller mo	PHYS.	MED STAFF DIRECTOR PHYS	Vi Im Cop
		22c PHYSICIAN'S NAME (Type)	4. Schmidt	22d ADDRES	etar, Ma	mend
OSP GNE Scrar	230	BURIAL, CREMATION, 236 DATE THE	REOF 23c NAME OF CEMETERY OR C	CREMATORY	23d LOCAT ON (City of Town)	(County) (State)
TO HOSPITAI Page 4 may TO FUNERAL director, pa shauld be fi		BULLIN JUN 14	1967 THOMAS /	DEMORIAL	ST. MICHA	ELS MD.
VR A15 (4)	24	FUNERAL DIRECTOR	A CADDRESS	// ASEI RECE	BY REGISTRAR 26 PEGISTI	RAP S SIGNATURE
25M 1/67	1	Various & Keor	and St. Thickory	DATE "	± 1001	

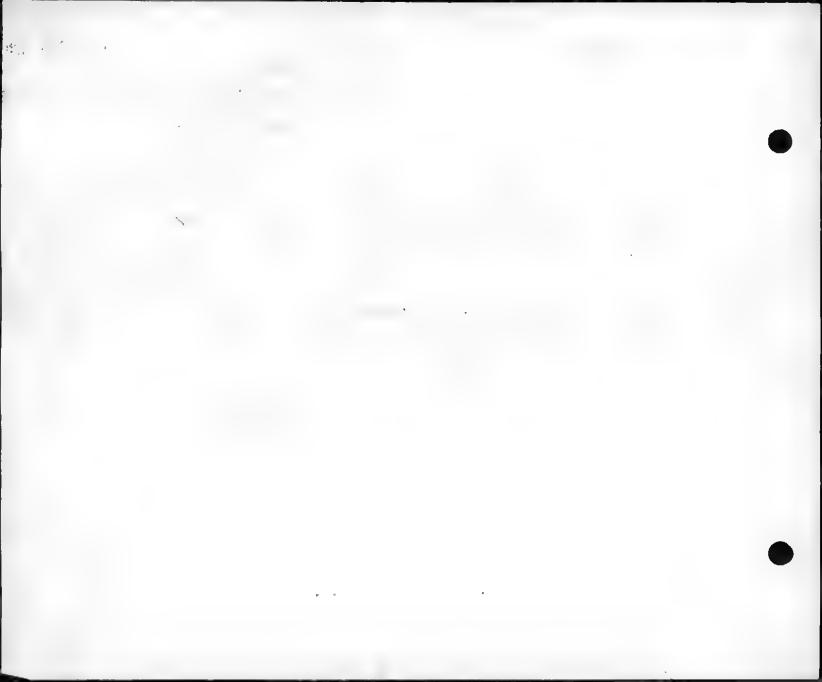


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF funeral PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY ve carbon papers Pages I event, within 72 haurs after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 16 c CITY OR TOWN (if autside corporate limits, write RURAY and give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) completely filled in IS RESIDENCE ON A FARM? memoria YES 🗍 NO NAME OF Middle 4. DATE Month Year DECEASED (Type or print) OF DEATH SEX 6. COLOR OF RACE 9. AGE AGE (1) years lost birthdoy) IF UNDER YEAR 7. MARRIED NEVER MARRIED A DATE OF BIRTH Months Dovs WIDOWED DIVORCED eg Ro 10a USUA, OCCUPATION (Give king of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if refired IND JSTRY 13. FATHER'S NAM signed by the attending phy burial-transit permit. Then burial, crematian, ar removal 15 WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes. no, or unknown) (If yes give wor or dotes of service) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate couse (a). DUE TO far use as the l Health priartak stoting the underlying couse has been lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS ALTOPSY PERFORMED? CERTIFICATION NO this certificate 200 ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) OR CONTRIBUTING CAUSE OF DEATH £ (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20c TIME OF INJURY Month, Day, Year (C by or town) (County) (State) Hour 'o.m. factory, street, office bldg., etc.) While Not While at work After at work 21. I certify that (1) (this hospital) ottended the acceased from 19 \_\_\_ , that (I) (we) last and that death occurred at 3 32 M, from causes and on the date stated above. TO FUNERAL DIRECTOR: saw the deceased alive on\_\_\_ 22o. SIGNATURE 22b. DATE SIGNED STAFF PHYS director, page 3 shauld be filed v M.D. PHYS DIRECTOR 22d ADDRESS 22c. PHYSICIAN'S NAME (Type) Robert W. Trever Easton, Maryland BURIAL, CREMATION NAME OF CEMETERY OR CREMATORY REC D BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb

within 24 haurs after death The law requires that the death certificate be executed OR ATTENDING PHYSICIAN: be retained O HOSPITAL

VR A15 (4) 25M 1/67



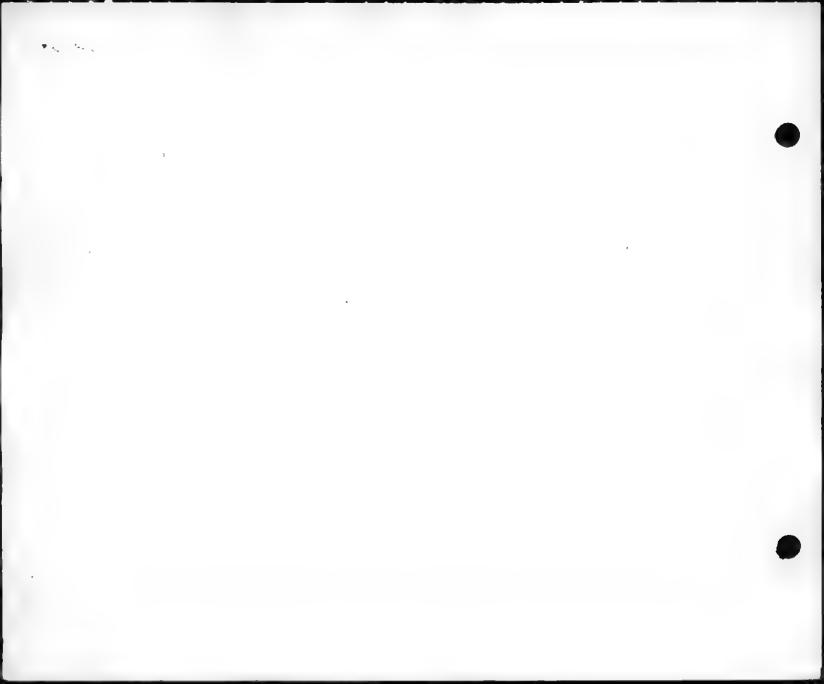
02719

	00112	CERTIFICATE	OF DEATH		UDIE			
	PLACE OF DEATH		2. USUAL RESIDENCE (Where dece		Res dence before admission)			
1	o. COUNTY TATBOT	MARYLAND	o STATE MD-	P. CONNAA.	TALBOT			
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give pearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de carp.	arate limits, write RURAL (	and give negrest tawn)			
	write KUKAL and give nedrest town	8 dA	FASTON					
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hi	aspital, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?			
	Memorial.	HESP. THI	116 HAN SO	N 51.	YES NO			
	NAME OF PIRST DECEASED (Type or pont)	Middle Te	Lost 4 DATI OF DEAT		Doy Year 26 1967			
5	SEX 6. COLOR OR RACE 7 M	ARRIED 🔝 NEVER MARRIED 🔲 E	B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HRS. anths Days Hours Min			
F	EMALE NEGAO WI	DOWED DIVORCED	6/15/1911	56 yrs.	divits bays (10015 Wild			
10a dun	USUA, OCCL PATION (Give kind of work done ing most of working life, even if ref. jed).	OB KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & Store, or	fareign cauntry)	12 CIT ZEN OF WHAT COUNTRY			
13.	FATHER'S NAME	1 _	14. MOTHER'S MAIDEN NAME	7810	PL SIL			
	- ADDES 11	5 omas	usti	NOWN				
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SECURITY NO 17. E	NFORMANT	Address	EASTON, A			
(10	is, no, or unknown) (If yes give wor or dates of servi	"217-28-485 W	iLLIAM	11 Elly	M- 1/1/2			
	1B CAUSE OF DEATH (Enter only one couse per PART 1. DEATH WAS CAUSED BY.	line for (a), (b), and (c) )	0 .		INTERVAL BETWEEN			
	IMMEDIATE CAUSE (o)	- allernay U	celliners		INST AND DEATH			
	DUE TO	Coronary Ande	1 1 1		13457			
	Conditions, if any, which gave (b)	COLOMBLY LIVERS	10 Sc/210916	2	1 7 7 7			
	stoting the underlying cause ast.							
NO.	PART I. OTHER SIGNIFICANT CONDITIONS CONTRI	BUTING TO DEATH BUT NOT RELATED TO T	HE TERMINAL DISEASE CONDITION G	EVEN IN PART 1(a)	19 WAS ALTOPSY PERFORMED?			
CATION								
CERT F	20a ACC DENT WAS UNDER ING □ FOR CONTRIBUTING □ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED.	Enter nature of injury in Part I or I	Part I of item 18)				
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour a m.		E OF INJURY (Hame, form, 20f	(City or town)	(County) (State)			
ME	p m. 19	While at wark at wark	ary, street, office bldg , etc }					
	21. I certify that (I) (this hospital)				_, 19, that (1) (we) las			
	sow the deceased alive an	19, and that	death accurred of 10					
	120 SIGNATURE W. M. M.	Sanald M.C	1 10	STAFF -	Care signed			
	27 PHYS CIAN S NAME (Type) Robert Mc Dona	ald M.	D Easton, Mary	Land	6/27/67			
230	BURIAL, CREMATION, 236 DATE THEREOF	23c NAME OF CEMETERY OR	REMATORY 23d.	LOCATION (City or Town)	(County) (State)			
	PEMOVAL (Specify) AL 6-30-	67 Bich HRI	DSON EI	TSTON-TA	+LBot MIZ			
24	FUNERAL DIRECTOR	ADDRESS	250 REC'D BY REGI	STRAR 256, REGIST	TRAR'S SIGNATURE			
	Sustrates Vist	Esta Dates	DALUL D	1967 Jak	was hunder			

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carran pepers. Pages 1 and should be filed with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 hours affected the content of the state Dept. Page 4 may be retained by the haspital or attending physician. VR A15 (4) 25M 1/67

O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death.





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			00840		
4	CERTIFICATE	OF DEATH		08712	
	AAA DVI AAID	2. USUAL RESIDENCE (Wh			
N (if outside carparate limits, ondraive neorest town)	C. LENGTH OF STAY IN 16				
SPITAL OR INSTITUTION (If not in		d. STREET ADDRESS	01,11,00	e. IS RESIDENCE ON A FARM2	
SL L First	Middle Middle	lust lust	OF /	th Day Year	
1 .		8 DATE OF BIRTH	9 AGE (In years lost birthday)	IF UNDER 1 YEAR IF UNDER 24-HRS Months Doys Hours Min	
ION (Give kind of work done	10b. KIND OF BUSINESS OR	11 BIRTHPLACE (County &	yrs. state, or fareign country)	12 CT ZEN OF WHAT	
E	ST. GOVT.	14 MOTHER'S MAIDEN NA	West Vingine	a. 71. S. Q.	
EVER IN U.S. ARMED FORCES?		INFORMANT	Limms Addr	ess	
WWI	235-26-1759	Mrs. Charles	Smith, Che	saprate Vinina	
DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a).	acute myon	Pilme	infanct	ONSET AND DEATH	
any, which gave ) (b)	Hyportenive,	Varteriose	Perotic Rea	rt disease Unknow	
(c)				7	
R SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART I(a)	19 WAS ALTOPSY PERFORMED? YES NO	
WAS UNDERLYING □ ING □ CAUSE OF DEATH IFY MEDICAL EXAMINER)	20b. DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Po	et I or Part II of item 18 }		
o.m	While Nat While fac	ACE OF INJURY (Home, farm, stary, street, affice bldg , etc.)	20f (City or tawn)	(County) (State)	
rtify that (I) (this haspite		, 19 at death accurred at	, ta_ M, fram causes	, 19, that (I) (we) las	t
Ragontu		ATTENDING M		22b DATE SIGNED	-
IN S		22d ADDRESS	44	מלאו	-
ype)		EASTON	LITALAH	VIV	*
ATION, 23b DATE THEREO			23d LOCATION (City of To	own) (County) (Store)  Host Virginia	
	TH  I A B T  WN (If outside corporate limits, ond give neorest town)  SEPITAL OR INSTITUTION (If not in proceed to the process town)  SEPITAL OR INSTITUTION (If not in process town)  6. COLOR OR RACE  TOWN (Give kind of work done king life, even if retired)  ALL  DEVER IN U.S. ARMED FORCES?  WIND (If yes give wor or dates of see to the process to th	TH  ITALIST  WARYLAND  WI (If outside corporate limits, and give neorest fown)  SEPITAL OR INSTITUTION (If not up haspitol, give street oddress)  FIRST  Middle  A. COLOR OR RACE  FIRST  MIDOWED  INVORCED  WIDOWED  INDUSTRY  STORY  INDUSTRY  STORY  WIDOWED  INDUSTRY  STORY  INDUSTRY  INDUSTRY  STORY  INDUSTRY  STORY  INDUSTRY  STORY  INDUSTRY  INDUSTRY  STORY  INDUSTRY  STORY  INDUSTRY  INDUSTRY  STORY  INDUSTRY  INDUSTRY  STORY  INDUSTRY  INDUSTRY  STORY  INDUSTRY  IND	CERTIFICATE OF DEATH  TH  CALCULATE AND THE CONTRIBUTION (If outside corporate limits, one) give street oddress)  Will (if outside corporate limits, one) give street oddress)  ACCITY OR TOWN (If outside corporate limits, one) give street oddress)  COUNTY OR INSTITUTION (If not up hospitol, give street oddress)  ACCITY OR TOWN (If outside corporate limits, one) give street oddress)  ACCITY OR TOWN (If outside corporate limits, one) give street oddress)  ACCITY OR TOWN (If outside corporate limits)  ACCITY OR TOWN (If outsid	CERTIFICATE OF DEATH  TH  ABYLAND  MARYLAND  MARYLAND  MARYLAND  MARYLAND  C. LENGTH, OF STAY IN TO  SPITAL OR INSTITUTION (If not up hospitol, give street oddress)  SPITAL OR INSTITUTION (If not up hospitol, give street oddress)  Middle  FIRST  Middle  ABYLAND  Middle  ABYLAND  ABYLAND  C. CITY OR TOWN III outside corporate limits, write Rt  Record  ASTREET ADDRESS  Maryland  ASTREET ADDRESS  Maryland  ABYLAND  C. CITY OR TOWN III outside corporate limits, write Rt  Record  ADATE  Morging  ABYLAND  ABALAD  ABYLAND  ABALAD  ABAL	TH    CERTIFICATE OF DEATH   COUNTY   C

.

-

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

2 62			08715	CERTIFICATE	OF DEATH		08713
death and death			LACE OF DEATH	2	USUAL RESIDENCE (WI	here deceased lived, if institution b. COUNT	
Ter Ter			IAIEOT	MARYLAND TO CENTER IN THE	MI	1-	IAUSOL
S OF S			CTY OR TOWN (If autside corparate mits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	CITY OR TOWN (It auts	side corporate limits, write RURA	at and give nearest town)
A Paris		-	NAME OF HOSPITAL OR INSTITUTION (If not in hospital,	- ume	I. STREET ADDRESS	4- 01	B IS RESIDENCE
in 24 h tilled in papers. hin 72 h	43"		Memorial flospi	T.41	,		ON-A FARM? YES NO
Athir Market	1		NAME OF First /	Middle	Lost	4. DATE Month	Doy Year
camplerary ave carbon	1		Type or print) CARCINC  EX 6 COLOR OR RACE 7 MARRIED	NEVER MARRIED   B. [	CKCY DATE OF BIRTH	OF DEATH G	IF JNDER 1 YEAR   IF UNDER 24 HRS
execut ad cam remave			MALE ALEGA WIDOWED	DIVORCED 7	-/8	Sy last buthday) yrs.	Months Days Hours Min
and and in an		10a	USUAL OCCUPATION (Give kind of work done 10b. K		11 BIRTHPLACE (County &	Store, or foreign country)	12 CITIZEN OF WHAT
icate by sicial of please by and i		L.	RETIASU	NDUSTRY	TALBO	T MD.	COUNTRY
physicia physicia oval, and		13.	FATHER'S NAME	in the	4. MOTHER'S MAIDEN NA	ÂME 2 = 0 C A	Ptime
eath certific ending phys nit. Then p ar removal,		15	WAS DECEASED EVER IN U.S. ARMED FORCES? 16.	SOCIAL SECURITY NO 17 INFO	ORMANT CO	Addres Addres	MENUNO
ie death cei attending p permit. The		(Ye	(if yes give wor ar dotes of service)	90-37-49681	HAAL	وو مطسب	IEMO-
that the dan. by the att			18. CAUSE OF DEATH (Enter only one couse per line for		. 0 /.	2 2-	INTERVA, BETWEEN
that In. by th ransi			PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	gorarde	of the	theretic	27 secocin
W II TO I			Canditions, if ony, which gove	To sole Kero	tion cold	v connonu d	A.
equire:   physical signed   physical   physi			rise to immediate cause (a), Stating the underlying couse	<del>a 4000 @</del>	ce ce .	es o record	7
			lost. (c)			Į.	
: The law ar attendin te las lell use las the	•	NON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE COND	DITION GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED?
2 7 5 5 6	4	CERTIFICATION	200 ACCIDENT WAS UNDERLYING   20b /01	ESCRIBE HOW INJURY OCCURRED (Ent	fer nature of numerin Pr	ort Lor Port II of stem 18 1	YES NO
SICIA spita ertific ad fa			OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	esoniae non many occupates (em	or marane an injury with the	or vor tott it ar tiett to y	
PHYSICIA he haspital this certifical etachmad fa Dept. #FHA		MEDICAL	20c TIME OF INJURY Month, Day, Year 20d I		OF INJURY (Home, form,	20f (City or town)	(County) (State)
<b>७</b> = ± ७ ≥		ME	p.m. 19 at war	rk 🔲 ot wark 🔲	, sineer, office oldg., etc.)	1-11	()
ATTENDIN stained by CTOR: After should be ith the Stai			21. I certify that (I) (this haspital) atten		eath accurred at_	A.M. from rouses n	, 19 <i>LL</i> ,#hat (I) (we) la nd an the date stated above
ATTE stain CTOR shau			26 SGMATURS	and mar d			226. DATE SIGNED
2 171 ≥		/	MINITER STATE	M.D.	PHYS. D	MED STAFF PHYS.	6-1467
TAL MAY PAGE PAGE FULL		A.,	VIZC PHYSICIANS NAME PHYSICIANS	o sed to	22d ADDRESS	in Chock	Miel
OSPI 3 4 m JNER ctor,	1	230	BURIAL CREMATION / 23b DAYE THEREOF	23C NAME OF CEMETERY OR CRE	MATORYL	23d LOCATION (City or Tow	n) (CaUnity) (State)
For the state of ATTENE Page 4 may be retained to FUNERAL DIRECTOR: A director, page 3 should should be filed with the			REMOVAL (Specify) 6-19-67	BICGAAD.	SON	EASTON	TALBOT AND
VR A15 (4) 25M 1/67	1	24	FUNERAL DIRECTOR	ADDRESS	TIN RECTO	BY RIGHT POLISIO	TANKS ACHOTAIRE
25M 1/67	3	L	Dando Cr > CI		DATE	4	<i>y</i> ,



## MARYLAND STATE DEPARTMENT OF HEALTH ISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAN

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201											
		08716			CERTIFIC	ATE	OF DEATH			087	14
		PLACE OF DEATH	bot		MARYLAI	ND	2. USUAL RESIDENCE (* O SLATE MARYLAN		PACOUNTA it institution		re odm ssion)
	t	o. CITY OR TOWN (# ou write RURAL and giv	e nearest town)		LENGTH OF STAY IN T	lb	Easton, M	,	write RURAL	Lond give neores	·
	(	Memoel	, ,	in hospital, gi			d street address R'T# 2 Box#			L	ON A FARM? YES NO
		NAME OF DECEASED (Type or pant)	firs par	Leroy			lison	4 DATE OF DEATH	June		1 1967
		ale N	egro	7. MARRIED WIDOWED	NEVER MARRIED  DIVORCED		9- 12-1913	9 AGE (II 55 bi	rthdoy) yrs	Months Doys	Hours Min
	duri	USUAL OCCUPATION (Gr ng mest of working life,	ve kind af work done even if retired)		ND OF BUSINESS OR DUSTRY CLO		11 BIRTHPLACE (County Connellsvi	lle, Penna		12. CITIZEN OF COUNTRY?	F WHAT
		FATHER'S NAME Unknown t	_				14. MOTHER'S MAIDEN Unknown b				
	15 (Ye	WAS DECEASED EVER IN s, no. prunknown) (If )	U.S. ARMED FORCES? es give wor or dates of	service) f6 S	SOCIAL SECURITY NO 1-16-3127		NFORMANT ace Madison	(widow) s	Address		
		18. CAUSE OF DEATH V		C/14	(o), (b), and (c).) ARACHIC	410	HEMOR	PHAGE	,		TERVAL BETWEEN
		Conditions, if only, what no immediate co	use (o) (	b)			(H	ypenlen	VSION	١	/
		stating the underlying last.	d conze	(c) //	ALIGNA	1/	HY PA	SLYENS	5/0N	/ /	RS.
,	CERTIFICATION	PART OTHER SIGNII	CONDITIONS CO		O DEATH BUT NOT RELATE	R	01507	50		19	WAS AUTOPSÝ PERFORMED? YES NO
		200 ACCIDENT WAS UN OR CONTRIBU™ING € 10 (IF EITHER, NOTIFY MED	AUSE OF DEATH ICAL EXAMINER)		SCRIBE HOW INJURY OCCU						
	MEDICAL	20c TIME OF INJURY Hour o m. p.m.	19	While at work	Not White of wark	focto	E OF INJURY (Home, fars ary, street, affice bldg., etc		r town)	(County)	(State)
		saw the dece	that (I) (this host ased alive an 1 t	oital) attend	ded the deceased from 19 47, an	am_ d that	death accurred at	1967, ta	causes or	nd an the da	hat (I) (we) la te stated abav
		220 SIGNATURE	Lyso	W		M.D	ATTENDING PHYS.	MED ST DIRECTOR PI	AFF HYS. $\square$	22b DATE SIGN	-6)
1		22c PHYSICIAN'S NAME (Type)	RYCHAR	1 1	YSON	TOLI AT	EMS	TON M	4	2/60	
	E	BURIAL, CREMATION,	236 DATE THE 6-10-1		Trappe C		terv	Trappe	, Tal	lbot N	/d
	24	I. FUNERAL DIRECTOR	And Fes	2 11	ADDRESS	Con	Time 250 REC	N 1 2 1967	Sice	STRAR S SIGNAT	noge.

**TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and camplet by filled in by the time director, page 3 should be detached for use as the burial-transit permit. Then please remaye carban-repers. Pages I should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after the should be filed with the State Dept of Health prior to burial, crematian, ar removal, and in any event, within 72 hours after the should be the state of Page 4 may be retained by the haspital ar attending physician. VR A15 (4) 25M 1/67

to Hospital or attending Physician: The low requires that the death certificate be executed within 24 haurs after death.

:

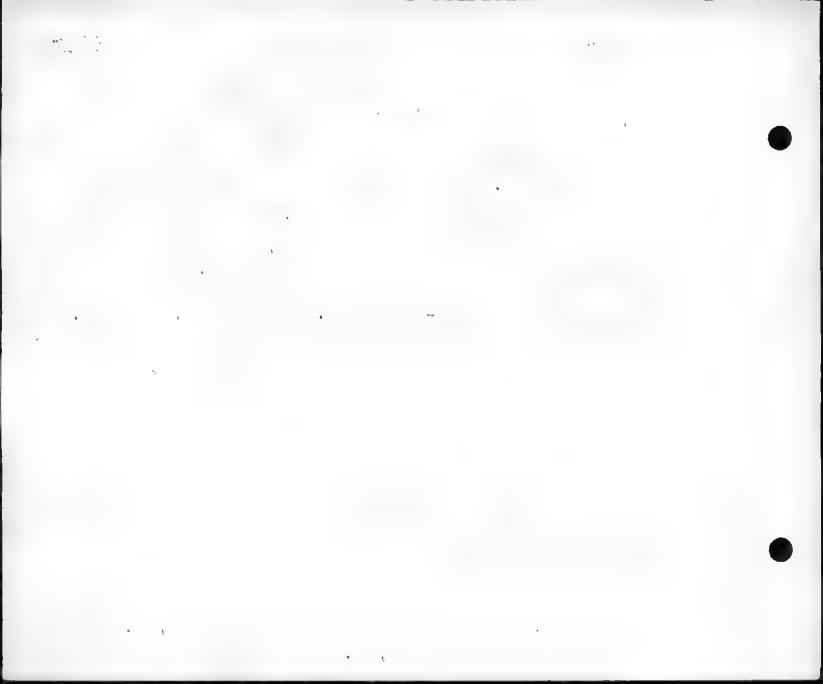
08717

### CERTIFICATE OF DEATH

08715

	CERTIFICATE	O. DEATH		0,9 1 1 0
PLACE OF DEATH	_	2 USUAL RESIDENCE (Where	A L COUNTY	
a. COUNTY Talbot	MARYLAND	a. STATE Marylar	b. COUNTY	Talbot
b CITY OR TOWN (if autside carparate limits,	c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside o	arparate limits, write RURAL	and give nearest tawn)
St. Micraels (Rural)	3 days	Easton		3:1
d NAME OF HOSPITAL OR INSTITUTION (If not in haspital	, give street address)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
Rio Vista Nursing Home		RFD		AEZ NO K
3. NAME OF FIRST DECEASED O F FIRST	Middle		ATE Manth	Day Year
(Type or pnnt) Banbana K. Mel			0.000 0	<b>ne 16 - 167</b> Funder 1 year   1Funder 24 hrs
T I I I I I I I I I I I I I I I I I I I		B. DATE OF BIRTH		lanths Days Haurs Min.
		May 6, 1878		10 CITIZEN OF WINAY
uring reast of working life, even if retired)	KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County & State		12 CITIZEN OF WHAT
HOUSEWORK  3. FATHER'S NAME			unyland	USH
4 1 0		14. MOTHER'S MAIDEN NAME	0 - 11	
Jacob Bryan  S. WAS DECEASED EVER IN U.S. ARMED FORCES?	4 COCIAL SECURITY NO. 1 37 1	<u>Llizabeth L</u>	VOLDY Address	
Yes, na, ar unknown) (If yes give war ar dates of service)		nrykmani	Address	44.1
no	218-48-5492 M	rs. Nellie Yan	rbrill, cast	on, Ad.
1B. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	of (a), (b), and (c).)			INTERVAL BETWEEN
IMMEDIATE CAUSE (a)	LUWUMM	19-11		1 porces
Canditions, if any, which gave	Mel min 18	111/100	alli.	, leene
rise to immediate cause (a)	MUNK !	Generally	Minus	greers
stating the underlying cause DUE TO	6			q
lost. (c)	TO OFATH BUT DOT OFLATER TO	THE TERMINAL PREFACE COMPUTED	CHIEN IN DARK 1/-3	19 WAS AUTOPSY
PART IS. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION  200 ACC DENT WAS UNDER YING  20b CONTRIBUTING  20b CONTRIBUTING  20c	> 10 DEVIN ROL NOT KETWIFD TO 1	THE TERMINAL DISEASE CONDITION	A CIVEN IN PART (0)	PERFORMED?  YES NO
20a ACC DENT WAS UNDERLYING  OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in Part 1	ar Part II af item 1B)	
20c TIME OF INJURY Manth, Day, Year 20d Haur a m. Wh	INJURY OCCURRED 20e PLA	CE OF INJURY (Hame, form, ary, street, affice bldg., etc.)	20f (City or town)	(County) (State)
p.m. 19 at w		M	> 100	
	ended the deceased from	1anch , 196	10/0 /em	(, 19 (e), that (I) (we) la
saw the decoased alive and	19(9/, and that	t death occurred at AZZ	M, tram/auses and	d an the date stated above
270 SIGNATURE	X	ATTENDING MED	STAFF C	22b DATE SIGNED
1/22c, PHYSICAN'S	73 M.I	PHYS. L. DIREC	TOR L PHYS L	
/22c. PHYSIGAN'S NAME (Type)		ZZG. ADDRESS		
BO BUR AL CREMATION, 23b DAYE THEREOF	T 23c NAME OF CEMETERY OR	CDEMATORY	3d. LOCATION (City or Town)	(County) (State)
PSMOVAL (Specify)			C . 44.1	(County) (State)
24. FUNERAL DIRECTOR	Landing Neck	2Sq REC'D BY R	FGISTRAR The REGIS	RAR'S SIGNATURE
MAUROCE E. NEWNAM & SO	710 011011	DATILIN 2		carla Judge
Transfer Landing and Control of Science and C	I COUNTRY I'MA	UALLE CAL.		AL ALL MILLS THE

car an papers. Pages 1 and 2 and 1, within 72 hours after death. sompletely filled in by the funeral TO MOSPITME OR ATTENDING PHYSICIAM: The Iom requires that the sentificate Lim executed within 21 haurs after naye TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and director, page 3 shauld be detached far use as the burial-transit permit. Then please refers abould be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in the Page 4 may be retained by the hospital or attending physician. VR A15 (4) 25M 1/67



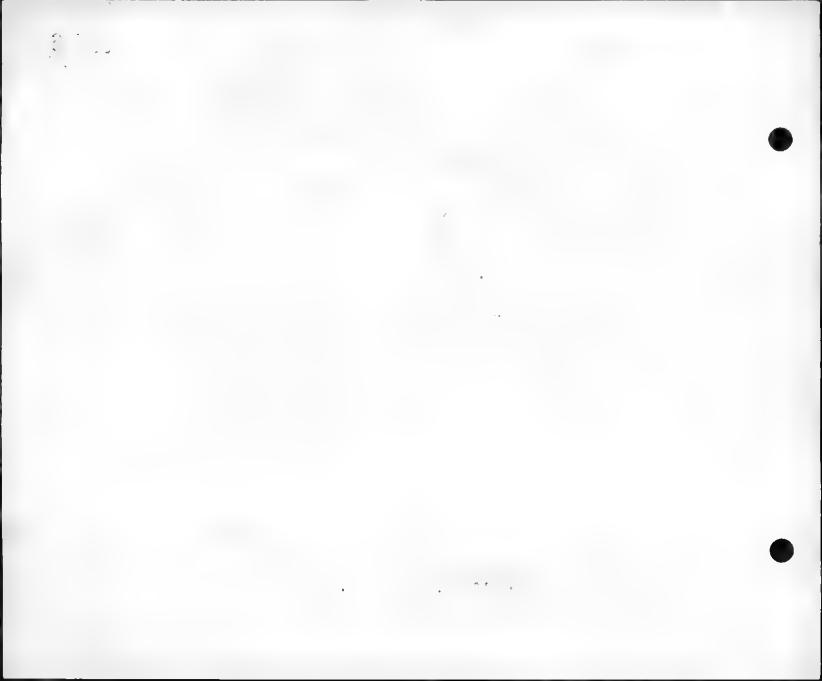
08718

ERTIFICATE OF DEATH

08716

. ~		08718			CERTIFI	CAIL	OF DEATH			000	TO
7		PLACE OF DEATH	. 4				2. USUAL RESIDENCE (V		ed, if institutio	n Residence befo	are admission) /
		o. COUNTY	Albot		MARYL	AND	o. STATE Mary]			y Dorche	
3	ŀ	O CITY OR TOWN (	f autside corporate limit Laive nearest tawn)	5,	C LENGTH OF STAY IN		c CITY OR TOWN (If our	tside corparate lim	ts, write RURA	L and give neare	est tawn)
SIDOUS TO SE		<i></i>	= ASton		14dac	15.	Cambric	ige			( )
7	(		AL OR INSTITUTION (If no	at in hospital, giv	e street address)	<i>'</i>	d. STREET ADDRESS	nton Sti	eet.	į	e. IS RESIDENCE ON A FARM?
	-		norial	Hospi	tal						YES NO X
*	ľ	NAME OF DECEASED	1:11		Middle Bell	11.	Lost	4. DATE OF	Month	00 <b>2</b>	19 6 7
		Type or print) SEX	6. COLOR OR RACE	7. MARRIED [	NEVER MARRIED	T 1 8	DATE OF BIRTH	DEATH 9 AGE	June (In years	IF UNDER 1 YEAR	
d .	1	Zamala	white	WIDOWED D			3-1-189	last	burthdaγ) yrs	Months Days	Hours Min
	10a	USUAL OCCUPATION	(Give kind at wark dane	10b KINE	OF BUSINESS OR		11. BIRTHPLACE (County &	B. State, ar fareign c	ountry)	12 CIT ZEN C	
5	dure	ng most of working Housewi	(ite, even it retired)	Ho	ISTRY Me		Cambridge,	Marylar	ıd	COUNTRY	<sup>7</sup> USA
i i	13.	FATHER'S NAME	T	7.7 D.71			14. MOTHER'S MAIDEN N				
2				W. Bel			Thressa	Rosetta			
Ü	IS (Ye:	WAS DECEASED EVE s, na, ar unknawn)	R IN U.S. ARMED FORCES? [(If yes give war ar dates (	of service) 16 SO	ICIAL SECURITY NO.	Mrs	FORMANT Edgar Wing	ra te. Ca	Address Ambride	e. Marv	land
711	NO unk  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)										
		PART I. DEA	TH WAS CALISED BY-		i), (b), and (c).)	A-00 7					NSET AND DEATH
<u>מ</u>		3/14	IMMEDIATE CAUSE		18272.12	MACH	Trend Andre			- 4	TO THE WAY
j /		Canditions, if any	which gave )	(b)							
1 2		nse to immediat stating the unde									
5 6	П	last.	)	(c)							
. /	×	PART II. OTHER SI	GNIFICANT CONDITIONS O	ONTRIBUTING TO		TED TO I	te terminal disease con	IDITION GIVEN IN F	ARI I(o)	19	PERFORMED?
0.00	CATIC	tupe	rlensu	recar	diovas	حسلا		تعطيم			YES NO D
	CERTIFICATION	200 ACCIDENT WAS OR CONTRIBUTING	UNDERLYING  CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY OC	CURRED (	Enter noture of injury in I	Part I ar Part II of	#em 18 )		
<u>.</u>	AL C		MEDICAL EXAMINER)	202 1011	JRY OCCURRED T	20. DI 40	E OF INJURY (Home, farm	. 20f (City	ar tawn)	(County)	(State)
2 D	MEDICAL	Неыг ат	10	White	Not While		ry, street, affice bidg., etc.)		di (dwii)	(cubity)	(Sidie)
		21 Leogti	n. 17 f <b>y</b> that (I) (this has	nital) attende	d the decoured	rom	- 1	9, to		10 +	that (I) (we) last
2			eceased alive an_	burgi) allende	19, a	nd that	death accurred at	200 M, fra	m causes a	nd an the da	ite stated abave
		22a. SIGNATURE					ATTENDING T	MED	STAFF	6/5/6°	
ב		Ko	Bert W.	Tren	reru	M.D	PHYS L.J.	DIRECTOR .	PHYS 🔲	0/5/0	(
Double De lifed with the Stole Dept. Of neutrin prior to boild, defindring, of senioval, ond-seeing event, within		22c PHYSICIAN'S NAME (Type)	Robert W	PETRIC W	. Trever	M.	D Easton,	Marylan	d	6/5/6	57
7	230	BUR AL, CREMAT O	DN, 23b DATE TH	EREOF [	23c NAME OF CEME	TERY OR C		23d LOCATIO			
	1	REMOVAL (Specify	June 6	, 1967		er M	emorial Par		0 ,		
DX	24	FUNERAL DIRECTO	R		ADDRESS		2So REGIO	IN REGISTRAR 40	75b. REB	ISTRAR'S SIGNATU	URE

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physiciar and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please agree corbon papers. Pages I and director, page 3 should be detached for use as the burial transition. Page 4 may be retained by the hospital or attending physician.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	0	8		1	9
--	---	---	--	---	---

CERTIFICATE OF DEATH

O	27	17	
esidence	before	admissio	n),[

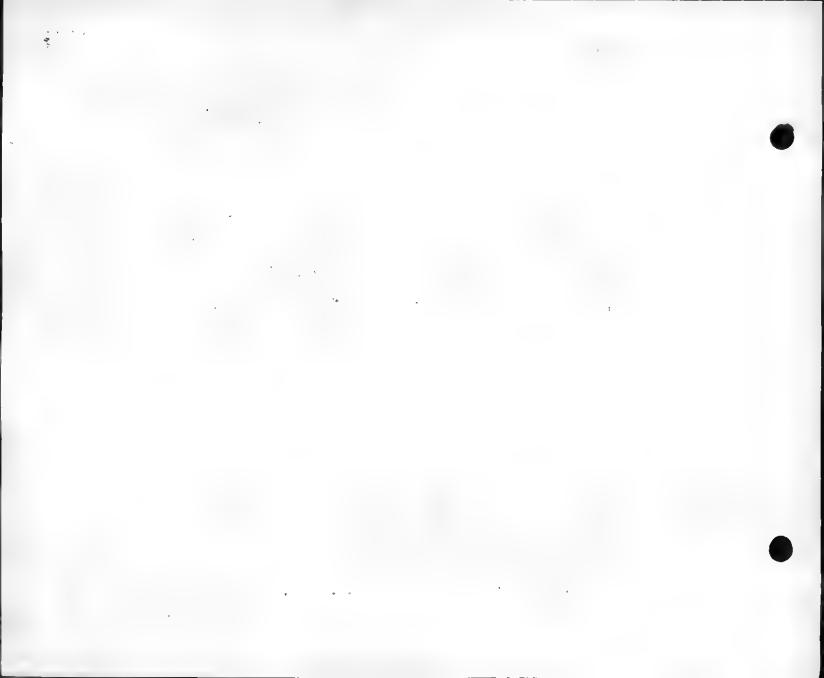
-		
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, if institution Residence before admission).
	O. COUNTY TAILOT MARYLAND	O. STATEN ARULAND 6 COUNTY CLUEEN HANES
1	b CITY OR TOWN (if autside carporate limits, c LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	write RURAL and give nearest town)	CENTREVILLE 11.
-	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d STREET ADORESS   B 1S RESIDENCE
1	Memorial Hospital	ON A FARM? YES \( \tag{ NO } \)
=	3 NAME OF First Middle	Last 4. DATE Manth Day Year
1	DECEASED	0 t n t 8 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
5		DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF JNDER 24 HRS.
1	THE WARRIED IN THE PARTY OF THE	fact buthday   Houtes   Days   Laws   All
1	100 USUA, OCCUPATION (Give kind of work done 10b, KIND OF 8USINESS OR	1111016 4/ AL
d	during most of working ite, even if retired)	COUNTRY 2
	RETIRED PATE Specialist Commerce Commission	PROEVILLE, HIADAMA UISIT,
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
L	WILLIAM HENSLEY PAYNE	SARAH FRANCES JENNINGS
1	15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor at dates af service)	NFORMANT DAUghter Address
L	No 220-44-86981185	William L. FRANKLIN, CENTREVILLE, Md.
	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) )	INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Ventriculor	abillation Signal
	DUE TO	
	Canditions, if any, which gave ) (b) arterios les	ratic heart disease Unknown
	rise to immediate cause (a), stating the underlying cause DUE TO	
	lost. (c)	
1	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE	HE TERM.NAL DISEASE CONDITION GIVEN IN PART 1(a)  19 WAS AUTOPSY PERFORMED?
, I	Chronic Drain syndrone due to condition of the condition	ratories de la Rumerus 15 \ NO X
1212	200 ACCIDENT WAS UNDERLYING   200 DESCRIBE HOW INJURY OCCURRED (I	Enter nature of neury in Part I or Part II of item 18.)
TOTAL	OR CONTR BUTING TO CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICA, EXAMINER)  Unknown	n to me
147	20c TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE	E OF NJURY (Mame, form, 20f (City or town) (County) (State)
035	Haur o.m. While Not While of factor	ry, street, affice bldg , etc.)
	park diwark and work and	0/16 1967 to 6/13 1967 that (1) (we) last
	21. I certify that (!) (this haspital) attended the deceased from saw the deceased alive on 6/13 1967, and that	death accurred at 1/23 M, from causes and on the date stated above.
	220. SIGNATURE	22b. DATE SIGNED
	Robert W. Trever	ATTENDING MED. STAFF
	22c. PHYSICIAN'S D. T	22d. ADDRESS
1	NAME (Type) Robert W. Trever M. D.	Easton, Maryland 6/14/67
-7	23a BURIA EREMATION. 23b DATE THEREOF 23c, NAME OF CEMETERY OR C	REMATORY 23d . OCATION (City or Town) (County) (State)
1	DEMOVAL (Specify)	CEDETERY WASHINGTON. DC
1	24 FUNERAL DIRECTOR. ADDRESS	250 RK'D BY REGISTRAR SAP REGISTRADS STONATURE
K	James H. Barton R. Berton Ber Cantivilla, Me	2417 JUN 19 1967 Scharles Judge
A	1	TORIC TO INC.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicinal and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please permaye carban papers. Pages should be filed with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 haves of Page 4 may be retained by the hospital ar attending physician.

TO MOSPITAL BRATTEMBING MIYSICAM: The law requires that the death certificate be executed mithin 21 haurs after death.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF WITAL RECORDS, 301 W PRESTON STREET, BALTIMORE, MARYLAND 21201 08718 08720 CERTIFICATE OF DEATH within 24 hours after death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institut an Residence o. COUNTY a. STATE MARYLAND b CITY OR TOWN (% outside corporate limits c. LENGTH OF STAY IN 16 c CITY OR write RURAL and give nearest town and completely filled in by the femove carbon papers. Pages write RURAL and give nearest town) bon papers. Pag , within 72 hours e. IS RESIDENCE ON A FARM? d NAME OF HOSPITAL OR INSTITUT ON (If not in hospital, give street oddress) d. STREET ADDRESS NO P YES 4. DATE NAME OF Middle Year Month Doy First Lost DECEASED OF 19 DEATH (Type or print) amove car requires that the death certificate be executed DATE OF BIRTH 9. AGE iln veors IF UNDER 1 YEAR IF UNDER 24 HRS SEX 6 COLOR OR RACE NEVER MARRIED 7. MARR ED birthday) Months Dovs WIDOWED DIVORCED 10o USUAL OCCUPATION (Give kind of work done 12 CITIZEN OF WHAT 1Db. KIND OF BUSINESS OR physician an nen please novol, ond in working life, even if retired) INDUSTRY 13. FATHER'S NAME buriol, cremotion, or removol, attending postmit. The 17. INFORMAN WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO (Yes, na, or unknown) (If yes give wor ar dates of service) 18. CAUSE OF DEATH (Enter only one cause per signed by the burial-tronsit PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) be retained by the hospital or offending physician. DUE TO Conditions, if any, which gave nse to immediate couse (a). DUE TO stating the underlying couse hos been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to lost. WAS AUTOPS)
PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) CERTIFICATION NO this certificate 20o. ACCIDENT WAS JNDERLYING 2Db. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port It of item 18.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 2Dd MHURY OCCURRED 2De PLACE OF INJURY (Home, form, (City or town) (County) (State) 2Dc. TIME OF INJURY Month, Day, Year factory, street, affice bldg.etc.) Hour o.m Not While While at work TO FUNERAL DIRECTOR: After Learlify that (1) (this hospital) attended the deceased from and that death accurred at M. fram causes and an the date stated above. saw the deteased alive an 22b. DATE SIGNED 22a SIGNATURE STAFF M D DIRECTOR PHYS 22d ADDRESS PHYSICIAN NAME (Type) Lane Wroth St. Michaels. **BURIAL, CREMATION** (State) REMOVAL (Specify) FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATUR VR A15 (4) 25M 1/67

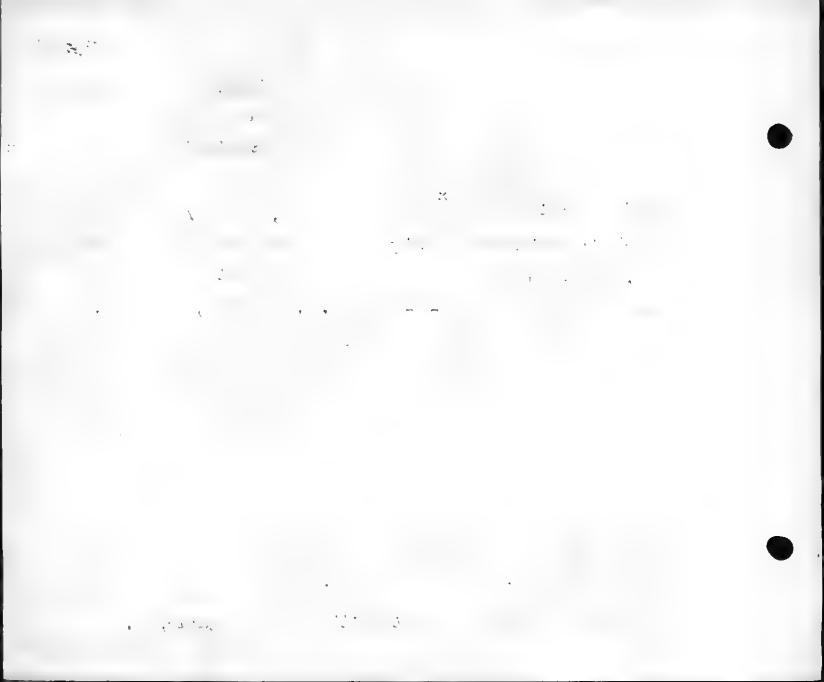


### MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

	ĺ	3872£		CERTIFICATI	OF DEATH	08719
		PLACE OF DEATH	-11 1		2. USUAL RESIDENCE (Where deceased lived,	b COUNTY
-	- 6	CITY OF TOWARD	autside corporate limits,	MARYLAND  T & LENGTH OF STAY IN 16	Maryland	lalbox
		write RURAL and	ive nearest tawn)	23hR.35%	c. CITY OR TOWN (If autside carparate limits,	, write KUKAL and give nearest tawn)
ŀ	ć	NAME OF HOSPITA		haspital, give street address)	d STREET ADDRESS	e IS RESIDENCE
	1	Easton	Memoria	el Hasp.	20 Park Street	ON A FARM? YES NO
	-	NAME OF DECEASED Type or print)	First	mes Harrison	ROSS SR DEATH	Month Doy Year JUNE 18 1967
	\$ 5	male	6. COLOR OR RACE 7	MARRIED NEVER MARRIED	June 3, 1900 61	rthday) Months Days Haurs Min.
			(Give kind of work dane its, ever (retited) Lantena	10b. KIND OF BUSINESS OR INCE/NOTIFY CARNING	18 BIRTHPLACE (County & State, or foreign county & County	otry) 12 CITIZEN OF WHAT
	13.	J. Hado	laway Ross		14 MOTHER'S MAIDEN NAME Emma Mullikin	
	(Ye		RINUS ARMED FORCES? (If yes give war or dates af se		INFORMANT 15. J. Harry Ross, E.	aston, Md.
ſ		18. CAUSE OF DE	ATH (Enter only one couse H WAS CAUSED BY	per line far (a), (b), and (c).}	V: 0 ' 0	INTERVAL BETWEEN ONSET AND DEATH
		4201	reardial info	viction < 24 fre		
I		Conditions, if ony,		040 0	ratic heart	Lisaso Unas.
rise to immediate couse (o).  stating the underlying couse  DUE TO						
l		last.	) (c)			
	N O	PART II. OTHER SIG	SNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
-	CERTIFICATION	2Do ACCIDENT WAS	INDEPLYING	Tally Describe HOW INHIBA OLUMBED	(Enter nature of injury in Part For Part II of ite	anysend 185 NO
		OR CONTRIBUTING	CAUSE OF DEATH	200 DESCRIBE HOW INSORT OCCURRED	ferner harme or many in Late two Lost it of the	nn 10 )
	MEDICAL		RY Month, Day, Year		CE OF IN.URY (Hame, farm, lary, street, affice bldg., etc.)	r tawn) (Caunty) (State)
	ľ			al) attended the deceased fram_	, 19, to	, 19, that (I) (we) la
	1	saw the de	ceased alive on	19, ond tha	t death occurred at 1146pM, from	causes and on the date stated above
		220 SIGNATURE	Robert V	N. Trever M	D PHYS 🔼 DIRECTOR 📙 PH	AFF   6/19/67
		22c. PHYSICIAN'S NAME (Type)	Robert W. I	Trever M.	D. Easton, Maryland	l
F	23a	BUR AL, CREMAT O REMOVAL (Specify)				At tan
-	24	REMOVAL (Specify)  DURLAL  FUNERAL DIRECTOR		57 Spring Hil	L Casto A 2Sa. RECD BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
1	M	auliu	E. Veura	Mason LAS for	Mo . MUN 2 1 1967	ycharles Judge
1	6 7					

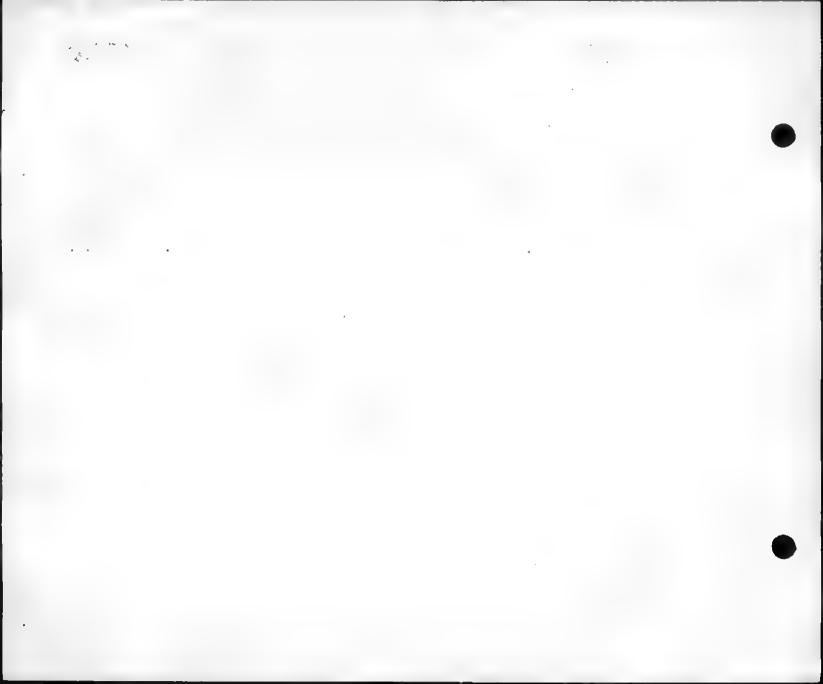
and completely filled in by the Toneral remove carban papers. Pages 1 and 2 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physicion and director, page 3 shauld be detached for use as the burial-transit permit. Then please rem shauld be filed with the State Dept of Health prior ta burial, cremation, ar remaval, additionally contacts. Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 25M 1/67



# MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-		DIVISION OF THAL ALCOHOS, SOT W. FALSIC	M SIRCEI, PREIIMONE, MARIEMIO 21201	
FOR STATE		08722 MEDICAL EXAMINER'S	CERTIFICATE OF DEATH 08720	,
HEALTH DEPT// /-		LACE OF DEATH	2 USUAL RESIDENCE (Where deceased lived, f institution. Residence before admissi	ion\
delay is 2, an 3 ta PM3. Page		COUNTY Talkat MARYLAND	• STATE Maryland b. COUNTY Caroline	,
f delay 1, 2, and 3 m PM3. Pa		CITY OR TOWN (If outside corporate limits, C. LENGTH OF STAY IN 16	c CITY OR TOWN (If outs de corporate limits, write RJRAL and give nearest town)	
AM3		write RURAL and give nearest town)  Lasten	Federalsburg 650	
, 2, n F		! NAME OF HOSPITAL OR INSTITUTION (if not an hospital, give street address)	d. STREET ADDRESS e IS RESI	DENCE
S D . D		Memorial Hospital		NO [
after death. 3. Give Page blong with		NAME OF First Middle	7	ear 1
after de 8. Give along w with the		Type or print) / Q/p/2 Clayton //c	SSEF, ST DEATH 6 19	/
after along with th	S. :	THE THE MARKED	8 DATE OF BIRTH 9 AGE (In years   IF UNDER 1 YEAR   IF UNDER 1	K 24 HR: Min
116 ce ce ce cath	_		July 10, 1910   56 yrs	
haurs Item 10 Office I and 2	10o duri	USUAL OCCUPATION (Give kind of work done in most of working life, even if retired)  Operatoriand Mgr.   Canning House	11 BIRTHPLACE (Stote or foreign country)  Caroline County, 1id.  12 (ITIZEN OF WHAT COUNTRY?	
24 in lars sers after after				
w thin pencil xamine ile page	13	FATHERS NAME  John Rosser	14 MOTHERS MAIDEN NAME Emma S. Dalious	
w w ho ho ho ho ho ho	15		INFORMANT Address	
executed inding in Medical E i permit, I within 72	(ye	s, no, or unknown) ((If yes give war or dates of service)		
ding edu			Edwin Rosser, Federalsburg, Ild.	
s certificate slightly be executed within 24 hours of writing the ward "pending" in pencil in Item 18 farwarded to the Chief Medical Examiners Office a used as a burial-transit permit. File pages Land 2 wood, and in any event within 72 hours after death		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  LELEN LILLING  7.	hem cees (anser and I	
vard ward the Ch rial-tra		307 X DUE TO	1. 1. 0 -	
e war the trial any		Conditions, if ony, which gave nose to immediate couse (o), (b)	is house	
ficate s and the ded ta as a b		stoting the underlying couse DUE 10		
verificate writing th rworded to ssed as a lovel, and in		ost (c)		
t ficate, writtle be farwar Id be farwar uld be used or removol,	NON	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORM	
en en	ΕĒ	200 EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED	(Enter noture of injury in Port I or Port I of item 18)	140
	MEDICAL CERTIFICATION	PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH	(4.16.10.00.00, 11/20.10.10.10.10.10.10.10.10.10.10.10.10.10	
= 9 ~ ~ ~ ~	200		CE OF IN URY (Home, form, 20f (City or town) (County) itary, street, office bldg , etc.)	(Stote)
Kara te t your your age	18	p.m. 19 of work of work		
Page (Mr. )		21 I certify that I took charge of the remains described above, he	eld an Autopsy 📈 , Inspection 🔲 , Inquiry 🔲 , and in my	opinio
ITY MEDICALI  Ty, please exected director, P. be retained for RAL DIRECTOR  prior to burial,		death resulted from. Natural couses 🔀 , Accident 🔲 , Suic		
ease direct fain tain to t		ACTUAL Runte Harrisan	CH EF MED CAL EXAMINER 22. DATE	SIGNE
Y pl		SIGNATURE PULLS / FAR TAVASURE	MD ASSISTANT MEDICAL EXAMINER	
necessory, please execute the funeral director. Page 4 fine funeral director. Page 4 5 may be retained for your 5 the funeral DIRECTOR: Page Health prior to buriel, crema		EXAMINER'S THORSTON HARRISON	DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	1)
necesso the function 5 may 10 FUNE	230	BJRIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR		Stote)
F		REMOVAL (Specify)  Purial June 12, 1961 Hill Crest	Cometery Foderalstur, Caroline	Md.
VR A15ME (5)	24	FUNERAL DIRECTOR ADDRESS	250 REC D BY REGISTRAR 25b. REGISTRAR S SIGNATURE	
6M 1/67		Taughty the west todays talle	elsberg DAWUN 2 3 1967 Cleanles Judge	2



Division of STATISTIC

MARYLAND STATE	DEPARTMENT OF HEALTH	
AL RESEARCH AND RECORDS,	301 W. PRESTON STREET, BALTIMORE, MARYLAND 212	201

08723	CERTIFICATE	OF DEATH		08721
1. PLACE OF DEATH O COUNTY		2. USUAL RESIDENCE (	Where deceased lived, if institution	
141801	MARYLAND	MAR	YLAND.	TALBOT
<ul> <li>CITY OR TOWN (if autside carparate lim write PURAL and give nearest town)</li> </ul>	its, c. LENGTH OF STAY IN 16	CITY OR TOWN (IF of	utside carparate limits, write RURA	L and give nearest tawn)
EASTON	15 Yrs		TON	
d NAME OF HOSPITAL OR INSTITUTION (IF	nat in haspital, give street address)	d. STREET ADDRESS		e IS RES DENCE ON A FARM?
703 ELWOOD A	VE.	703EL	WOOD AVE	YES NO D
3 NAME OF DECEASED	First Middle	Last	4. DATE Month	Day Year
(Type or print) / ARTH		DAUIRES	DEATH VUNA	F 7 1967  IF JNOER 1 YEAR   IF UNDER 24 HRS
S SEX 6. COLOR OR RACE	7. MARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH  DEC >7 /	lost birthday)	Manths Days Hours Min
10o. USUAL OCCUPATION (Give kind of work don			8 519 87 yrs 8 State, or foreign country)	1 12 CIT ZEN OF WHAT
during mast of working ite, even if retired)	INDUSTRY			COUNTRY?
13 FATHERS NAME	HOUSEKEEPER	14. MOTHER'S MAIDEN		4.50
House Ric 4	ARI CANAL	MARTH	A CATTS	
15 WAS DECEASED EVER IN U.S. ARMED FORCES	2 16 SOCIAL SECURITY NO 17	INFORMANT	Address	2
(Yes, no, of unknown) (If yes give war or dates	of service) 220-57-8643 M	ES OPAN Z	3. HARRISON, 2	EASTONIS
18. CAUSE OF DEATH (Enter only one of	INTERVAL BETWEEN			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUS	(10 m m = 1) \( \lambda \)	wear Oc	dusian	ONSET AND DEATH
	TE TO Q I D	S (	7	
Conditions, if any, which gave a rise to immediate cause (a),	(b) Cerepral H	harosck	eusis,	
stating the underlying cause	DE TO			
lost.	(c)			The war divers
PART II OTHER SIGNIFICANT CONDITIONS  20a. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Day, Yeor Hour o.m.	CONTRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART 1(a)	19 WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING	205 DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in	Part I or Part II of item 18.)	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Month, Day, Year		CE OF INJURY (Hame, fare		(County) (State)
Hour o.m.		tory, street, office bldg., etc.		1 ~
21. I certify that (1) (this ha	aspital) attended the deseased fram_	4.70	190 + 10 612	190 Jthat (I) (we) las
saw the deceased alive an_	6 190 L and the	t death accurred at	OPM, from causes a	nd an the date stated above
22a. SIGNATURE	- 11	ATTENDING	MED. STAFF	226 DATE SIGNED 6-7
The property of the second	M.	D. PHYS LZL	DIRECTOR LJ PHYS. LJ	0,270
22c PHYSICIAN'S NAME (Type) S SC	recht IR	220. ADDRESS	CM TON	mi 1
230 BURIA, OREMATION, 23b DATE T	HEREOF 1 23c NAME OF CEMETERY OR	CREMATORY	23d LOCATION (City of Town	n) (County) (State)
f preservator ( )	30,1967 STGEORGI		ST. GEORGE	- 1/4 2
24. FUNERAL DIRECTOR	ADDRESS	2Sa. REC	1	ISTRAR'S SIGNATURE
Reflect last	Saston d	Ad DATE	111 3 0 1987 2	Charles Judge

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached far use as the burial-transit permit. Then please remay∈ carban papers. Pages shauld be filed ≡ith the State Dept. of H≡alth priar to burial, crematian, ar remayal, a≡d in a≡y évent within 72 haurs at Page 4 may be retained by the haspital or attending physician.

VR A15 (4) 20 M 1/66



MEDICAL EXAMINER'S CERTIFICATE OF DEATH

08722

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		1			
F	OR	S	T/	ATI	E
HE/	AL	H	1	EF	7
Jelay is	4	1	1	ment of	
È	2,0	F		part	
=	_`	II.		De De	
death.	e Pinges	WITH FO	1	ne State	1
after	8. Give	a ora	-	WAT T	/
haurs	tem	Office		l amd 2	Port
within 24	mencil in	aminer's		le pages	man value
cecuted v	Ing" in	edical 🔤		permit. Fil	ithin 78 }
be e)	d	hief M		ansıt p	up that
should	e word	a the C		ourial-tr	d Allo
trincare	riting th	orded t		d as 🖪	all pillo
This cer	cate, mm	be farw		b∎ use	mamaya I
NER:	e certifi	P Emys	files	3 shaula	ion or
EXAM	The the	age 4	r yaur	: Page :	rrpmnt
TKAL	se exe	ector P	ned far	RECTOR	hirin
AF	plea	dire	retai	E D	Ir to
DEPUTY	eressony,	ne fulleral director Page 4 shall be forwarded to the Chief Medical Blackminer's Office along with farm PM. Bar	may be	FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages I amd 2 with	position to burnel grounding or managed and in one popul within 7th barner offer month

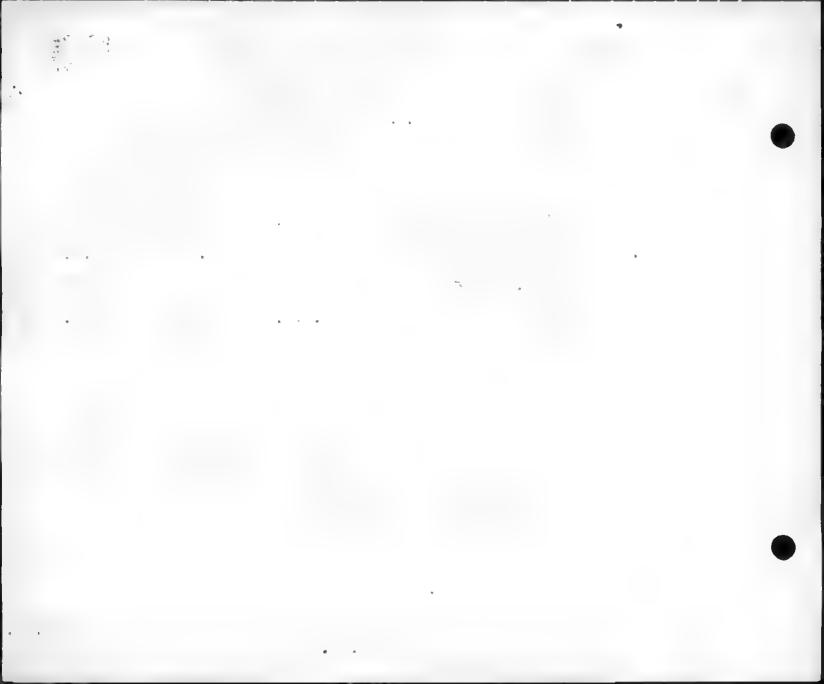
the

VR A15ME (5)

prior

Teath (

I PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, il institution: Residence before admission) o. COUNTY o STATE **6. COUNTY** MARYLAND Talbot Maryland Dorchester b. CITY OR TOWN (If outside corporate limits, t LENGTH OF STAY IN 16 c. CITY OR TOWN (II outside corporate limits, write RURAL and give negrest town) write RURAL and give nearest tawn) D.O.A. Cambridge Easton d STREET ADDRESS e IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) Memorial Hospital 723 Highlett Street YES NO DE NAME OF Middle 4 DATE Year DECEASED (Type or print) DEATH June Rodnev George NEVER MARRIED IF UNDER 24 HRS S. SEX 6 COLOR OR RACE AGE (In years lost birthdov) Months Dovs Hours DIVORCED WIDOWED White June 2.1890 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Elliett Dor County
14. MOTHER'S MAIDEN NAME Ret Laundry salesman driver 13 FATHER'S NAME Della 17 INFORMANT George W. Todde 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates of service) Mrs. H. T. Slaughter Faston, Md. INTERVAL BETWEEN IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), Immed. PART 1. DEATH WAS CAUSED BY Coronary occlusion IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate couse (o). DUE TO stating the underlying couse last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS) PERFORMED? CERTIFICATION NO 20o. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I) or Part II of item 1B.) PRIMARY I or CONTRIBUTING I CAUSE OF DEATH 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour g.m. loctory, street, office bldg., etc.) Not While at work of work 2). I certify that I tack charge of the remains described above, held an Autopsy Inquiry [ and in my opinion Inspection | --death resulted from: Naturol causes 🔽 . Accident Undetermined manner Suicide Homicide CHIEF MEDICAL EXAMINER **ACTUAL** 22. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE FOR DEPUTY MEDICAL EXAMINER **EXAMINER'S** louis s.welty Address (Street, city, town, or county) NAME (Type) 235 DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL EREMATION REMOVAL (Specify) Puria' East New Market Cemetery, Eas





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

08726

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

De 17

FOR STATE HEALTH DEPT. 5 may be retained for your files

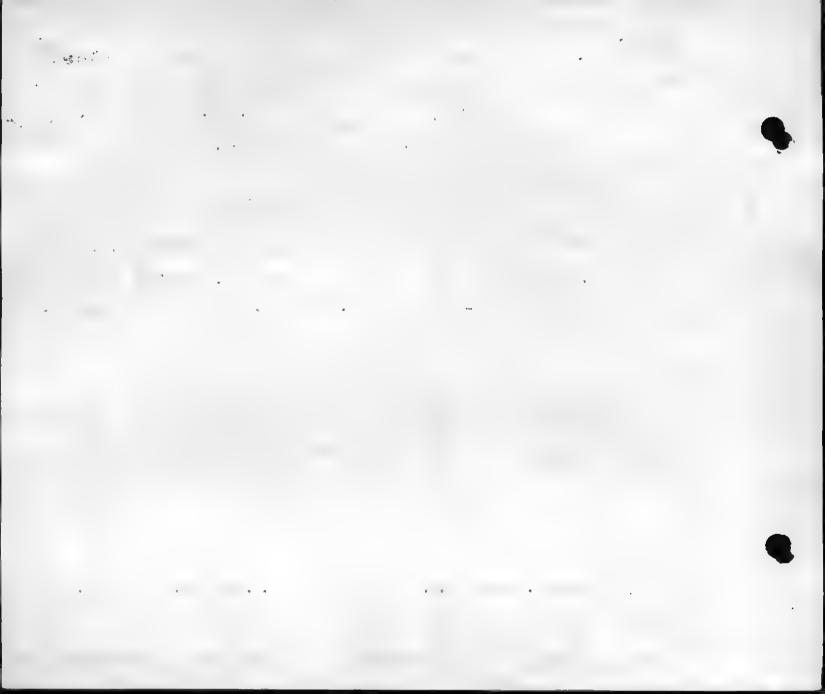
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages lond 2 with the State Deportment or 900 ony delay is necessory, pleose execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forworded to the Chief Medical Examiner's Office olong with form PM3, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death, if Health prior to buriol, cremation, or removal, and in any event within 72 hours after death.

VR A15ME (5) 6M 1/67

-	<u> </u>					
1.	PLACE OF DEATH O. COUNTY			Where deceased lived if in		e before odmission)
	Talhat	MARYLAND	o. STATE	D. D.	COUNTY TAI	LBOT
	b CITY OR TOWN ( f outside corporate limits,	c LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, writ	e RURA. and give	neorest town)
	write RURAL and give nearest town)	VOH.	OX	FORD	×	- 1
	d NAME OF HOSPITAL OR INSTITUTION (If not in ho	spitol, give street oddress)	d. STREET ADDRESS			e IS RES DENCE ON A FARM?
	Memorial 7	tospital				YES NO
3	NAME OF First	Mixidle	Lost	4 DATE OF	Month	Doy Year
1	(Type or print)	1. 15	mble	DEATH	6	196/
13,	- / 4	RRIED . NEVER MARRIED . 8	DATE OF BIRTH	9 AGE (In year lost birthdo		YEAR OF LINDER 24 HRS Doys Hours Min
1	(2)4111.12111	OWEO DIVORCED	1-3-9-18	70 7-7	ris 4	
	USUAL OCCUPATION (Give Rand of work done ing most of working life, even if jetired)	106 K ND OF BUSINESS OR	11 BIRTHPLACE (Stote	e or foreign country)		ZEN OF WHAT NTRY?
10	TEXCHER	PUBLIC JOHO		than P		USA_
13	FATHER'S NAME	UNIER	14. MOTHER'S MAIOEN	and a m	1700	+0
15	WAS DECEASED EVER IN U.S. ARMED FORCES?	16 SOCIAL SEEDR TY NO 17 II	FORMANT	ANOR	Address	11)
(Y	es, no, or unknown) (If yes give war or dotes of service	a)	ATUKMANI A A A	1. 411	Audress	Tob Allo
-		122001-6399	////	11 1146	()41)	OHD, IVIL
	TB. CAUSE OF DEATH (Enter only one couse per PART I DEATH WAS CAUSED BY	bronary oc	r lusio			INTERVAC BETWEEN ONSET AND DEATH
	1420 / IMMEDIATE CAUSE (o) 1	Dienicia De	con in	1		
	Conditions, if ony, which gove ) (b)					
	nse to immediate cause (a), ( Dur. To					
	stoting the underlying couse (c)					
	PART II OTHER SIGNIF CANT CONDITIONS CONTR B	UTING TO DEATH BUT NOT RELATED TO T	HE TERM NAL D SEASE CO	INDITION GIVEN IN PART I(	0)	19 WAS ALTOPSY
ATIO						PERFORMED? YES NO
CERTIFICATION	200 EXTERNAL CAUSE WAS	206 DESCRIBE HOW INJURY OCCURRED (	Enter noture of in cry in	Port or Port II of item 1	3)	
	PRIMARY Or CONTRIBUTING CAUSE OF DEATH.					
MEDICAL	20c TIME OF INJURY Month, Day, Year Hour o.m.		E OF INJURY (Home, for		n) (Cour	nty) (State)
불	p m. 19	While of work of work of work	ory, street, office bldg, etc	.)		
	21. I certify that I taak charge of t	ne remgins described abave, hel	d an Autopsy 🔲,	Inspect on 🔀,	Inquiry .	and in my apinian
	death resulted frame Natural cau	ses 🗵, Accident 🗌, Su'ci	de 🔲, Hamicide	e, Undetermine	d manner 🔲	
	ACTUAL L	111.00	CHIEF MEDICA			OD DATE FIGHER
	SIGNATURE CO	/ Villey	_ N1 D	DICAL EXAMINER		22. DATE SIGNED
	EXAMINER'S NAME (Type)	WELTV	/1 /-	CAL EXAMINER (A)		6-1267
23	BUR AL, CREMAT ON, 23b DATE THEREOF	23c NAME OF CEMETERY OR C	REMATORY	23d LOCATION (City	or Town) (	County) (State)
	25MOVAL (Specify) (-6-17-1	967 John WE	5454	OXERA	1 tal	Box NID
2	FUNERAL DIRECTOR	ADBRESS	250 REC	D BY REGISTRAR 25	REG STRAR'S SIG	GNATURE
1	Washell Fen	erul bome	DATE	N 14 1967	youarla	o Junga

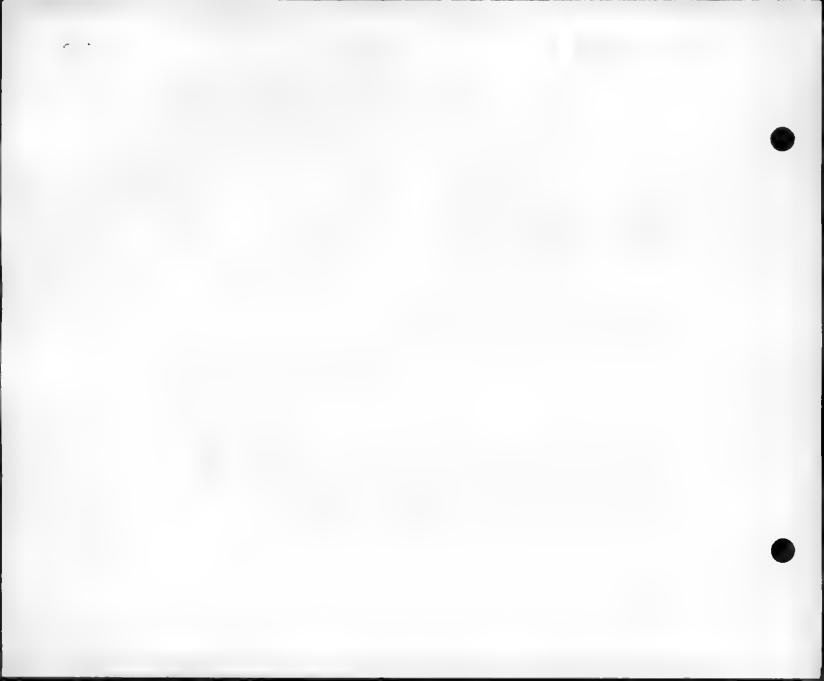


1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLA	ND
	08727 CERTIFICATE OF DEATH	2725
affer depth		er .
vent, within 72 hou	3. NAME OF DECEASED (Type or print) James Elizabeth Elizabeth Dest Death Death Death	1
hen pleaseremov	Farmer retired    Dorchester Maryland U.S.	AT COUNTRY
the burial-transit permit burial, cremation, or rem		L BETWEEN AND DEATH
ned for use as	YES 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If EITHER, NOTIFY MEDICAL EXAMINER)	ERFORMED? NO [2]
ge 3 should be defact h the State Dept. of H	20c. TIME OF INJURY Month, Dey, Year 20d. INJURY OCCURRED While Not While et work 19 to While et work 19 to While saw the deceased alive on 19 19 19 19 19 19 19 19 19 19 19 19 19	(I) (we) la
ed 'soperin' ed 's	NAME (Type) Stephen P. Carney, M.D.  P.O. Box 929, Easton, Md.  23. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY  EMOVAL (Specify)  22 June 67 Christ Churchyard Cambridge Md.  24 FUNKAL DIRECTOR'S SIGNATURE  ADDRESS  DATE THEREOF 25b. REGISTRAR'S SIGNATURE  ADDRESS  DATE DIA 26 1967. PCharles & DATE DIA 26 1967.	(Stete)



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

. (1)	A		08728	CERTIFICATE	OF	DEATH		8726
deoth		1	PLACE OF DEATH O. COUNTY	ALADVIAGIO	2 USUA o. ST		eceosed lived, if institution Residu	ence before odmission)
by the far. Poges	rs after		b. CITY OR TOWN (14 outside corporate limits, write RURAL and give nearest town)	C. LENGTH OF STAY IN 16	c. CITY	OR TOWN (If outside co	rporote limits, write RURAL and g	ive nearest fown)
ithin 24 hours a y filled ın by th on papers. Poq	72 hou	H	d. NAME OF HOSPITAL OR INSTITUTION (If not in	in haspitol, give street address	d. STREE	ET ADDRESS	- OAA	e IS RESIDENCE ON A FARM?
hin 24 - filled n pape		3.	NAME OF FIRST	-OWA HAME		lost 4 DA	TE Month	Poy Year
ed with	E /	5	DECEASED (Type or pnnt) WALTE !	? SCOTT h	146	LAGE DE	ATH 14N5	2/ 1967
e executed and compl			MALE NEGRO	7 MARRIED NEVER MARRIED E	DATE OF	21-1895	9 AGE (In years IF UNDE last birthdoy) Months	
te be ex ion and ase rem	nd in c	du du	DUSUAL OCCUPATION (Give kind of work done ring most of working life, even if refired)	10b. KIND OF BUSINESS OR	11 BIRT	THPLACE (County & Stote,		COUNTRY COUNTRY
ertificate b physician en please	oval, o	13	FATHER'S NAME	VALLACE SA	14. MOT	THER'S MAIDEN NAME	'E C:13	5011
aw requires that the death certificate be executed within 24 hours after rading physician.  been signed by the attending physician and completely filled in by the fursit beling the physician of completely filled in by the fursit bermit. Then please remove farbon papers. Pages 1	bunol, crematian, or removal, and in any ev	15 (Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give wor or dotes of s	16 SOCIAL SECURITY NO 17 III	NFORMAN	17/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/	Address 4	ong FS Late
t the deoth the attendi sit permit.	atian,	-	18. CAUSE OF DEATH (Enter only one couse	pey line log (o), (b), and (c).)		VIAG 911	HOWELL	UMERVAL BETWEEN
quires that t physician. signed by the buriol-tronsit	стеш		PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO		10	1 hu	MY TUNG	ONSET AND DEATH
The law requires the ottending physician. has been signed by se os the buriol-tror	buriol,		Conditions, if any, which gave (b) rise to immediate cause (a),		M	gen!	Mh.	
aw re nding been the	prior to		stating the underlying couse (c)					
1: The I or offer te has	alth pr	FICATION	PART II. OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT NOT RELATED TO T	HE TERMIN	NAL DISEASE CONDITION	GIVEN IN PART 1(0)	19 WAS AUTOPSY PERFORMED? YES NO
G PHYSICIAN: 1 the hospital or this certificate detoched for us	Name .	CERT	20₀ ACCIDENT WAS JNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	20b DESCRIBE HOW INJURY OCCURRED. (	Enter notu	are of injury in Port I or	Port II of item 1B)	
	te Depi	MEDICAL	20c TIME OF INJURY Month, Doy, Yeor Hour o m			RY (Home form, 2 affice bldg , etc )	Of (City or town) (C	ounty) (State)
OR ATTENDING be retained by I DIRECTOR: After se 3 should be	he Stat		21 I certify that (I) (this hespit saw the decepted alive an 20	tal) attended the deceased fram/9	geoth	occurred aV2	, talo=7/1 , 19 M, fram causes and an	22, that (I) (we) last
R ATTEN retained RECTOR: /	≥		220. SYSNATURE	1/4A/A MD	ATTEN	IDING MED	STAFF 22b	DATE SIGNED
	be filed		22c PHYSICIAN S NAME (Type)	N/WY/W MI		ADDRESS	R LJ PHYS LJ 6	140/
TO HOSPITAL Poge 4 may TO FUNERAL director, po	should be f	23	BURIAL, CREMAT ON, 23b DATE THERE	OF 23c NAME OF CEMETERY OR C	REMATOR	Y 23d	LOCATION (City or Town)	(County) (State)
	1	2	A. FUNERAL DIRECTOR	ADDRESS ADDRESS	04	250. REC'D BY REC	4	
VR A15 (- 25M 1/6	1	1	7 . IT. 1/10	Mriel V		DATHIN 2 C	1007 Miland	en judge.



FOR STATE DEP

## MARYLAND STATE DEPARTMENT OF HEALTH

ORE, MARYLAND 21201

g45/pm 08729	WITAL RECORDS, 301 W. PRESTO MEDICAL EXAMINER'S	ON STREET, BALTIMORE, MARYL CERTIFICATE OF DEATH
CE OF DEATH DUNTY TAILBOT	MARYLAND	2. USUAL RESIDENCE (Where deceased a. STATE WASHINGTON)

08727

1.	PLACE OF DEATH O. COUNTY  TO 1 h - T	MARYLAND 2.	a. STATE	ere deceased lived, if institution		re admission)	
			a. STATE WASHINGTON, b.COUNTY D. C.  C. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)				
	write PURAL and give-nearest town) MD		Washington, D.C. 47.3				
	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street ad	dress) d	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?				
L	Memorial		5701 SHERRIFF ROAD, N. E. YES NO				
	OFCEASED (Type or print) FORREST E	Riddle	WATIS	4. DATE Month OF G	10	1967	
	male on widowed		ATE OF BIRTH		Manths Days	Haurs Min.	
10 du	a. USUAL OCCUPATION (Give kind of work dane lob. KIND OF BUSIN uring most of working life, even if refired)	SS OR	11. BIRTHPLACE (State or	2	12. CITIZEN OF COUNTRY?		
	STUDENT SCHOOL		WEST VIRG		USA		
13	JAMES P. WATTS	14	4. MOTHER'S MAIDEN NA	S			
15	S. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR	ITY NO 17. INFO	DRMANT	Address	\$		
	(es, na, ar unknawn) (If yes give war ar dates af service)	DR.	JOSEPH BAR			o, N. E.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART 1. DEATH WAS CAUSED BY:  8254 IMMEDIATE CAUSE (a)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  (c)						IERVAL BETWEEN ISET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)						WAS AUTOPSY PERFORMED? (ES NO NO	
L CERTIFICATION		,	er nature of injury in Pa	rt I ar Part II af item IB.)			
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, factory, street, affice bldg., etc.)  While at work at work at work while at work at work					Talbox	(State)	
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,						d in my opinian	
	deoth resulted fram: Natural causes , Accident Suicide , Homicide , Undetermined manner						
	ACTUAL SIGNATURE & CALIFORNIA CHIEF MEDICAL EXAMINER   22. DATE SIGNED						
JOHN ON THE PROPERTY OF THE PR					6	10-67	
23	Charles and the case of the ca	OF CEMETERY OR CREA		23d. LOCATION (City or Town PRINCE GEORGE			
2	24. FUNERAL DIRECTOR AND	545 12TH S	TREE 1 250. JEJOV	RY MEGISTRAR 256 PEGI	ISTRAR'S SIGNATUR	PF	
J	OHN T. RHINES FUNERAL HOME W.	SHINGTON,	D. C. DATE	- 0 1901 AC	lianles &	Luxac	

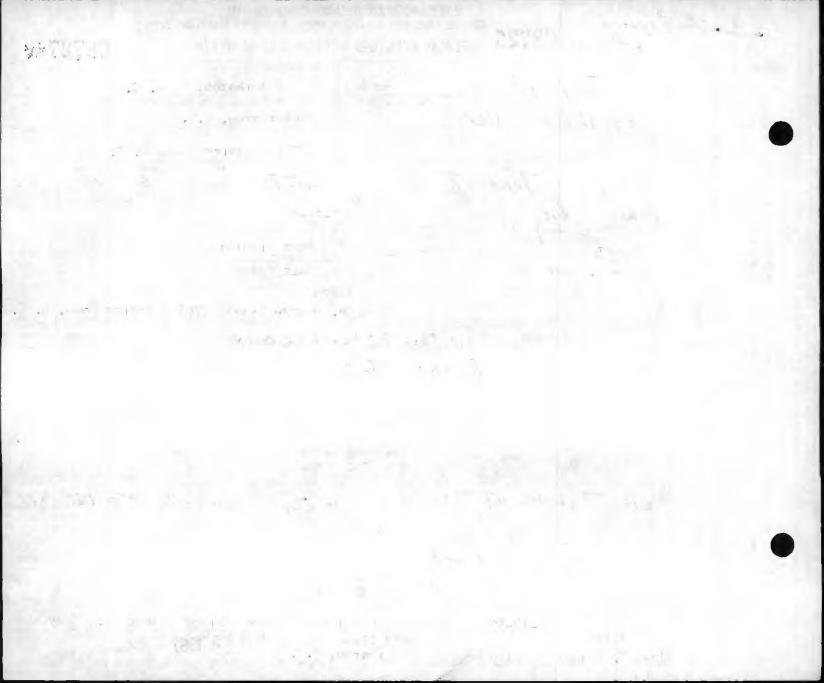
VR A 15ME (5)

JOHN T. RHINES FUNERAL HOME

TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed within 24 haurs after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pending Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiners Office along with farm PM3. Page

5 may be retained far yaur files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages land 2 with the State Department of

Health priar to burial, crematian, ar remayal, and in any event within 72 haurs after death.



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

~ (A)		
3(41)		0080
7		08730
eral and eoth		PLACE OF DEATH
after deat he funeral ges i and after deat		
y the Pages		b. CITY OR TOWN (If a write PURAL and gi
by by nour	_	ERST
n 24 hr illed in popers.		d. NAME OF HOSPITAL
fille fille	3.	NAME OF
ed with		DECEASED
pe le se le		(Type or print) SEX 6
executed within 74 haurs afrance majority filled in by the remove carbon papers. Pages and within 72 haurs after		male
o o o	100	USUAL OCCUPATION (G
cian cian ease and	dur	ing most of working life
ifico nysic al, a	13.	FATHER'S NAME
eath certifi ending phy mit. Then ar remava	_	William
aath ndin nît. ar re	15. (Ye	WAS DECEASED EVER IN is, no, or unknown) (If
e de affe an, c		no
requires that the death certificate be executed within 24 haurs after death, g physician.  In signed by the attending physician and completely filled in by the funeral e burial-transit permit. Then please remove carban papers. Pages 1 and 2 a burial, crematian, ar remaval, and it are sent, within 72 haurs after death.		18. CAUSE OF DEAT PART I. DEATH
quires that t physician. signed by the burial, crema		446x
equires th physician signed by burial-tra burial, cre		Conditions, if any, w
requestion signatures of the signature o		rise to immediate a stating the underlyi
e law re tending us been as the prior to		lost.
the law reatending attending has been se as the h prior to	NO	PART II. OTHER SIGNI
5 0 7 5	ICATI	
DING PHYSICIAN: The by the haspital or atterfire this certificate has be detached far use a state Dept. of Health pr	CERTIFICATION	20a. ACCIDENT WAS UN OR CONTRIBUTING
HYSI hosy s cer ache apt.		(IF EITHER, NOTIFY MEI 20c. TIME OF INJURY
DING PHYS by the hos After this ce be detache State Dept.	MEDICAL	Hour 'o.m. p.m.
DING d by the After J be d e State		21. I certify
ATTENI etained CTOR: 4 shauld vith the		saw the dece
OR ATTEND  OR ATTEND  be retained  DIRECTOR: A  je 3 shauld  ed with the \$		22a. SIGNATURE
y be r y be r t DIRE oge 3 filed w		22c. PHYSICIAN'S
TO HOSPITAL OR ATTENDING Page 4 may be retained by the TO FUNERAL DIRECTOR: After the director, page 3 shauld be de shauld be filed with the State		NAME (Type) R
D HOSPITA Page 4 may > FUNERAL director, po	230	. BURIAL, CREMATION,
dire dire		REMOBAL (Specify)

08730	CERTIFICATE	OF DEATH		08728				
PLACE OF DEATH		2. USUAL RESIDENCE (Where	deceased lived, if institution	in: Residence before admission)				
o. COUNTY		o. STATE AA	b. COUNT	IY T				
121001	MARYLAND	Maryla	nd.	lalbot				
<ul> <li>b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside		Al and give nearest tawn)				
Write Carac dita give fledrest town)	17 days	Trappe (	Rural)	201				
d. NAME OF HOSPITAL OR INSTITUTION (If not in hosbit		d. STREET ADDRESS	100000/	Le IS RESIDENCE				
64	-+	O' DIVER! HARKED		e IS RESIDENCE ON A FARM?				
Memorial Ho	Tp.Cal			YES NO X				
3. NAME OF First	// Middle	Lgst 4.	DATE Month	Doy Yes				
(Type or print) Homer	F. lot		OF DEATH	18 100 7				
S. SEX 6. COLOR OR RACE 7. MARRI	IED NEVER MARRIED B.	DATE OF BIRTH	9 AGE (In years	IF UNDER 1 YEAR   IF UNDER 24 HRS.				
		. //	by birthdoy)	Months Days Hours Min.				
male write WIDOW	VED DIVORCED A	pril 19, 188	3 04 yrs.					
	b. KIND OF BUSINESS OR	11. BIRTHPLACE (County & Stor	te, ar foreign country)	12. CITIZEN OF WHAT				
luring most of working life, even if retired)	Saumill	Talbot	Maryland	COUNTRY				
13. FATHER'S NAME	3 depinoco	14 MOTHER'S MAIDEN NAME	- KUS OF COLOR	_ aur				
		THE MOTHER STREET						
William Whitley		Fannie Towe	ns	C-2 111 011 A				
<ol> <li>WAS DECEASED EVER IN U.S. ARMED FORCES?</li> <li>(Yes, no, or unknown) (If yes give wor or dates of service)</li> </ol>		FORMANT	Addis	12 Woodlea Ave				
(1 es, no, or unknown) (ii yes give wor or doles or service)	unkn. Mr	s. Margaret,	Allauroux. 1	Baltimore: Md.				
18. CAUSE OF DEATH (Enter only one cause per line	CO O V C			INTERVAL BETWEEN				
PART I. DEATH WAS CAUSED BY:	3.1			ONSET AND DEATH				
IMMEDIATE CAUSE (o)	drema			> lomanth				
446X DUE TO	- 1 - 1	1 1						
Conditions, if any, which gave ) (b)	arteriones	mascle	realt	Macertain				
rise to immediate cause (a),								
stating the underlying couse								
lost. ) (c)								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIE	NG TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE CONDITIO	ON GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED?				
2				YES NO				
20o. ACCIDENT WAS UNDERLYING (1) 20b	DESCRIBE HOW INJURY OCCURRED. (E	inter nature of injury in Part I	or Port II of item 18.)					
OR CONTRIBUTING CAUSE OF DEATH	DESCRIBE HOW MACK! OCCURRED. I	the notice of bilary in role	of Fort if of field 19.5					
(IF EITHER, NOTIFY MEDICAL EXAMINER)								
		OF INJURY (Hame, farm.	20f. (City or town)	(County) (State)				
	/hile Not While I factor	ry, street, affice bldg., etc.)						
		10	to	10 that (1) () las				
	21. I certify that (I) (this haspital) attended the deceased fram							
	saw the deceased alive an19, and that death accurred atM, fram causes and an the date stated above							
220. SIGNATURE		ATTEMPING MED	STAFF -	22b. DATE SIGNED				
Robert W. T.	rever M.D.	PHYS. DIRE	CTOR PHYS.	6/19/67				
22c. PHYSICIAN'S		22d. ADDRESS						
NAME (Type) Robert W. Trev	rer M.	D. aston.	Maryland					
	T 23c. NAME OF CEMETERY OR C			- V (F )				
230. BURIAL CREMATION, 236. DATE THEREOF REMODAL (Specify) 6/21/1967		KEMAIUKI	23d, LOCATION (City or Town	n) (County) (State)				
0,21/1/0/	Windy Hill		Irappe, Mo	40				
24. FUNERAL DIRECTOR	ADDRESS	2So. REC'D BY		ISTRAR'S SIGNATURE				
Manres to Wearn	1011 tons EASTE	W. WA DANUN 2	1 1967 100	iarles Judge				
	A DATE OF THE PARTY OF THE PART	REAL ALLE	- 17 T ( // //	V // //				

88730 Sellan Lephyse Server (Seed) All Talk of the tendens todas iliani Translation to the second of the contract of t in the state of th THE PERSON NAMED IN NOTICE AND PARTY.